SERVING CANADIANS

DRUG TREATMENT COURT FUNDING PROGRAM EVALUATION
Final Report

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ACRONYMS

ADAI	Alcohol and Drug Abuse Institute
ADS	Alcohol Dependence Scale
ASI	Addictions Severity Index
CADTCP	Canadian Association of Drug Treatment Court Professionals
CAMH	Centre for Addiction and Mental Health
CDS	Canada's Drug Strategy
CDSA	*Controlled Drugs and Substances Act*
CPIF	Crime Prevention Investment Fund
CRNA	Corrections Risk-Needs Assessment
DAST	Drug Abuse Screening Test
DTC	Drug Treatment Court
DTCFP	Drug Treatment Court Funding Program
DTCIS	Drug Treatment Court Information System
HOPE	Hawaii Opportunity Probation with Enforcement
NADCP	National Association of Drug Court Professionals
NGO	Non-governmental organization
RNR	Risk-Need-Responsivity
SPRA	Saskatchewan Primary Risk Assessment
UDT	Urine Drug Test

EXECUTIVE SUMMARY

1. Introduction

The Drug Treatment Court Funding Program (DTCFP) is a contributions funding program that provides financial support and administers funding agreements to six drug treatment court (DTC) sites: Toronto (established in 1998), Vancouver (2001), Edmonton (2005), Winnipeg (2006), Ottawa (2006), and Regina (2006).

This report presents the evaluation findings and responds to the Treasury Board Secretariat's 2009 *Policy on Evaluation*, which requires that all direct expenditures of the federal government be evaluated every five years. The evaluation, which was conducted between June and September 2014, covers the work of the DTCFP between fiscal years (FYs) 2009–10 and 2013–14.

2. Methodology

The evaluation comprised three main lines of evidence:

- a document and data review, including relevant Justice Canada sub-studies and research studies, including a recidivism study and a study comparing the results of urine drug tests (UDTs) of graduates and non-completers during the program;
- 48 interviews with participants in the program; and
- an online survey of DTC stakeholders and staff.

3. Findings

3.1. Relevance

The relationship between illegal drug use and criminal behaviour is well established, and represents a continuing and costly problem in Canada. Research has concluded that those with substance abuse issues are more likely to have committed crimes, and those who have had contact with the criminal justice system are more likely to have substance abuse issues. Drug-related crime is an ongoing issue as recent data on police-reported drug offences show an increase in the rate of drug offences by 33% between 1998 and 2012 (from 235 per 100,000 population in 1998 to 314 per 100,000 population in 2012) (Public Safety Canada, 2013). Given the high social costs related to illicit drug use, which have been estimated to total as much as $8.2 billion for one year (Rehm et al., 2006), there is a need to find effective interventions to address drug-related crime.

Evaluation results support both the DTC model and the DTCFP funding structure. DTCs, which combine a criminal justice and therapeutic response to drug-related crimes, were created to respond to the high recidivism rates for drug-addicted offenders (i.e., the "revolving door" to the criminal justice system for people with addictions). Indeed, numerous studies have shown that DTCs achieve positive results in reducing recidivism. In addition, the Program remains relevant as without its support, DTC stakeholders believe that DTCs in Canada would certainly not expand and may even contract in terms of numbers of courts, capacity for admitting clients, and/or the types of services offered.

The DTCFP is well aligned with federal priorities. As part of the National Anti-Drug Strategy, the Program responds to long-standing federal commitments to address crime and drug use in Canada. In addition, the DTCs are an integral component of the federal government's criminal justice strategy, as the mandatory minimum sentencing provisions in the *Criminal Code* and the *Controlled Drugs and Substances Act* include an exemption for attending DTCs. Although still holding offenders accountable for their actions, the exemption allows courts to delay sentencing drug-addicted offenders while they attend provincially approved and court-supervised treatment programs, including DTCs.

The use of contribution funding through the DTCFP also aligns with federal roles and responsibilities in the area of criminal justice, which is a shared responsibility with provincial/territorial governments. By providing funding and not dictating or supervising DTC

operations, the federal government respects the provincial/territorial authority for the administration of justice.

3.2. Design and implementation

DTCFP

Over the period of the evaluation, the DTCFP focused much of its efforts on building stronger relationships with provincial and territorial governments. Program officials have established connections with all provincial and territorial jurisdictions. An example of this close working relationship is the Ad Hoc Federal/Provincial/Territorial (F/P/T) Working Group on Drug Treatment Court (DTC) Efficiencies and Resource Allocations.

The DTCFP has also worked to maintain close contacts and improve communication among DTC stakeholders by resuming regular monthly DTC directors' conference calls, which serve as a forum for information sharing and peer discussions. Survey results indicated that many respondents were unaware of other information-sharing tools, but that those who were aware were generally positive about the tools used by the DTCFP. That fact, coupled with only 6% of respondents reporting that the sharing of best practices and lessons learned is "very effective", indicates that there is a continued need to work at information sharing with DTCs.

DTCs

The evaluation compared many of the DTC processes to identify best practices in DTC literature and found, with few exceptions, that the DTCs are following these approaches.

The team composition and approach generally follow best practices. All of the DTCs have multidisciplinary teams that meet regularly (pre-court and court) to share information. The evaluation results indicate that there is strong collaboration among DTC team members — both within and among the treatment and court teams — and that the collaboration respects the professional expertise of the team members. For example, judges generally consult with treatment professionals prior to making decisions concerning Court participants.

DTCs vary from best practices in a few areas related to the DTC team. The literature suggests that consistently appearing before the same judge is important to participant outcomes. However, some DTCs have multiple judges who rotate so participants may appear before different judges. Another potential area for improvement is clarifying the roles and responsibilities of team members. While

DTC stakeholders recognize that allowing variation in DTC structures is important to enable the courts to respond to local needs, they thought that written policies and procedures that outlined roles and responsibilities would be helpful. In addition, some of the variations in team member roles across the Court sites were questioned, such as whether counsellors should perform UDTs or whether that might compromise their relationships with their clients.

In terms of admissions and reach, the evaluation found that the DTC eligibility criteria and process of admissions met best practices in terms of being objective and evidence based. However, two issues related to reaching target groups were identified. Although currently DTCs are still primarily admitting clients at high risk to re-offend (which is also a best practice), concerns were expressed among some DTCs that lower-risk clients are applying. The inclusion of these offenders would mean that individuals with little prior criminal history are entering the DTC. The second issue concerned the continued difficulties in reaching the target groups of youth, Aboriginal men and women, and other historically disadvantaged groups. DTC stakeholders considered this an issue in the 2009 evaluation and still do. This perception was confirmed in the administrative data as Caucasians, men, and individuals over 30 still represent the majority of DTC participants. However, the Crown screens potential participants and determines whether or not an accused is suited to the DTC conditions and eligibility criteria

In accordance with best practices, the court component provides structure to the DTC program, and the evaluation results indicate that the DTC court process is generally working well. DTC stakeholders approved of the intensity (regularity and number of appearances) and the appropriateness (of bail conditions) of the court process. The one issue raised by Court stakeholders and case study participants related to the use of sanctions. Although sanctions were considered a useful component of the court process and helped participants stay "on track", there is the perception that they are not always consistently applied. As studies have shown that "swift and certain" sanctions are the most effective, this is an area of potential improvement for the DTCs.

The treatment component of DTCs also generally follows best practices in DTC literature. The Risk-Need-Responsivity (RNR) model is a well-tested, evidence-based approach for aligning DTC treatment with participant needs. The evaluation found adherence among DTCs to at least one or two of the RNR's core principles. In particular, most DTCs use standardized, validated risk assessment tools, and the results of the assessments are factored into treatment plans. However, given that studies show that full adherence to the three core principles of the model results in the greatest reduction in recidivism, the DTCs may wish to consider how to make greater use of the RNR model.

The evaluation also found a robust continuum of care that relied on a variety of treatment options, which aligns with best practices approaches. The DTCs tailor treatment to meet the needs of participants. In particular, the evaluation found that DTCs are offering specialized programming to address the unique needs of certain target groups, such as women and Aboriginal people. However, potentially more could be done to meet the needs of these target populations, given that the DTCs continue to experience difficulties both attracting women, Aboriginal people, other visible minorities and youth into the program, and retaining them once they have entered it. The evaluation also found that the continuum of care largely ends once the recipient leaves the program. With continuing care (e.g., aftercare) identified as a best practice in the literature, DTCs may want to review their programming.

The DTCFP followed recommendations made in the 2009 evaluation and worked with Human Resources and Skills Development Canada to fund two pilot housing projects. Although evaluations of both projects showed promising results in terms of the retention of DTC participants, the evaluation found that the issue of sustainable funding for DTC housing remains.

3.3. Performance measurement

The 2009 evaluation noted issues with the consistency and completeness of the Drug Treatment Court Information System (DTCIS) data. Although the evaluation found that the 2014 DTCIS data were more complete and was able to support analyses of the data, the DTCFP needs to streamline the DTCIS so that it will support evaluations in the future. The evaluation also found that the DTCIS could improve in terms of capturing necessary qualitative information and providing statistics useful for case management and/or monitoring the operations of the DTCs.

3.4. Performance — effectiveness

DTCs have challenging target populations that are drug addicted, generally at high risk of re-offending, have multiple other issues (e.g., poverty, mental illness, low education levels), and often few supports (e.g., lack of family connections, negative peer associations). This context is important when considering the performance of the DTCs in achieving their outcomes.

The evaluation results indicate that, even with these challenges, the DTCs are showing promising results in several areas.

Retention and graduation: The DTCs have a retention rate of 36% and a graduation rate of 27%, which are similar to the 2009 evaluation results. As retention and graduation have been shown in the literature to have a positive effect on recidivism, and therefore the cost effectiveness of DTCs, determining how best to improve retention and graduation remains a key concern for the DTCs.

Reducing drug use: The evaluation results show that both graduates and non-completers have reduced drug use during the program. The reduction in "dirty" (failed) UDTs and increase in "clean" UDTs occurred quickly for both groups (after only three months). Graduates showed greater reductions in drug use than non-completers, but the results show substantial reductions in dirty tests for both. Although the study conducted for the evaluation focused on those who had been in the program for 15 months, these results indicate potentially very positive impacts for the DTCs.

Use of community supports and social stability: The available evidence from the survey and case study participants shows that DTCs make participants aware of and refer them to a variety of community supports. Participants also attribute various improvements in their social stability to their involvement with the DTCs. Improvements include better familial relationships, finding employment, and better housing situations.

Reducing criminal involvement: The recidivism study that was conducted as part of this evaluation compared DTC participants to a comparison group of similar offenders. The study found that post-program rates of re-offending were significantly lower among DTC graduates than non-completers or the comparison group. The difference in the rates of recidivism between the DTC participants (i.e., graduates as well as non-completers) and the comparison group was not statistically significant. The study also found that the DTC participants who re-offended had less drug offences than the comparison group. Thus, when the type of offence is considered, the recidivism rates could show that the DTCs reduce recidivism for drug-related offences. Although more study is needed, the results for graduates are positive.

3.5. Performance — efficiency and economy

Comparing the costs of the DTCs to incarceration (provincial or federal) and probation based on several cost scenarios, the evaluation found potential cost savings ranging from 20% to 88% if incarceration is assumed. If offenders in the traditional system receive a probationary sentence, then the DTCs cost substantially more. The analysis aligns with other studies that indicate the potential for substantial cost savings for DTCs.

1. INTRODUCTION

The Drug Treatment Court Funding Program (DTCFP) is a federal contribution funding program that provides financial support and administers funding agreements to six Drug Treatment Court (DTC) sites that were selected through a call for proposals in December 2004. The sites include the two original DTCs in Toronto and Vancouver and four additional DTCs located in Edmonton, Winnipeg, Ottawa and Regina. The Program was last evaluated in 2009.

This report presents the findings of the evaluation of the DTCFP. The evaluation complies with the Treasury Board Secretariat's 2009 *Policy on Evaluation*, which requires that all direct program spending of the government be evaluated every five years. In addition, the evaluation ensures compliance with the *Federal Accountability Act*. This evaluation was conducted between June and September 2014 and covers the work of the DTCFP between fiscal years (FY) 2009–10 and 2013–14. An evaluation working group (an advisory group with representatives from the DTCFP and the Evaluation Division) provided ongoing input into the evaluation.

This report contains five sections, including the introduction. Section 2 provides the background on the DTCFP, describing its structure, resources, DTC models, and the logic behind its activities; Section 3 describes the methodology used in the evaluation; Section 4 summarizes the key findings; and Section 5 presents the conclusions.

2. OVERVIEW OF THE DRUG TREATMENT COURT FUNDING PROGRAM

This section of the report provides a description of the DTCFP structure, roles and responsibilities.

2.1. The DTCFP

DTCs have been operating longer and much more extensively in the United States than in Canada. The first drug court was established in Florida in 1989, and there are currently over 2,100 such courts across the United States. They were established in response to the soaring number of arrests and incarcerations as a result of the continued and vigorous prosecution of the "drug-related crime". DTCs also exist in the United Kingdom, Jamaica, Bermuda, Brazil, Ireland and Australia.

In Canada, DTCs were introduced as pilot demonstration projects in Toronto in 1998 and in Vancouver in 2001, using funding from the Crime Prevention Investment Fund (CPIF) of the National Crime Prevention Strategy. When Canada's Drug Strategy (CDS) was renewed in 2003, the DTCFP was established. The DTCFP is now part of the National Anti-Drug Strategy. Under the Treatment Component of the Strategy, which addresses the challenges created by drug-addicted offenders in the criminal justice system, Justice Canada manages the DTCFP.

During the years covered by the evaluation (FYs 2009–10 to 2013–14), there were six fully operational DTCs funded by the DTCFP. The two original DTCs began operations before the establishment of the DTCFP: the Toronto Drug Treatment Court (since December 1998) and the Drug Treatment Court and Resource Centre of Vancouver (since December 2001). The four additional DTCs have been in operation for about nine years: the Edmonton Drug Treatment and Community Restoration Court (since December 2005); the Winnipeg Drug Treatment Court (since January 2006); the Drug Treatment Court of Ottawa (since March 2006); and the Regina Drug Treatment Court (since October 2006). For ease of reading, the DTCs will be referred to by location throughout this report.

The DTCFP represents a concerted effort to break the cycle of drug use and criminal recidivism through innovative partnerships among the criminal justice system, drug treatment services, and

social service agencies. DTCs provide an alternative to incarceration by offering the offender an opportunity to participate in a court-monitored, community-based drug treatment process.

The objectives of the DTCFP are to:

- promote and strengthen the use of alternatives to incarceration (with a particular focus on youth,[1] Aboriginal men and women, and street prostitutes);
- build knowledge and awareness among criminal justice, health and social service practitioners, and the general public about DTCs; and
- collect information and data on the effectiveness of DTCs in order to promote best practices and the continuing refinement of approaches.

2.2. The DTC Model in Canada

In Canada, under the Department of Justice Canada's DTCFP, the DTC model has continued to evolve to address local community contexts and population needs. DTCs are provincial courts. Currently, they target adult, non-violent offenders who have been charged under the *Controlled Drugs and Substances Act* (CDSA) or the *Criminal Code* in cases where their drug addiction was a factor in the offence. Offenders who are interested in participating in the DTC are assessed to ensure that they meet the Court participation criteria. Rather than being incarcerated, DTC participants receive a non-custodial sentence upon completion of treatment.

The key elements of DTCs funded under the Department of Justice Canada's DTCFP include:

- a dedicated court that monitors the DTC participant's compliance and progress;
- the provision of appropriate drug treatment services and case management to assist the DTC participant in overcoming drug addiction; and
- community support through referrals to social services (such as housing and employment services) that can help stabilize and support the offender in making treatment progress and in complying with the conditions of the DTC.

[1] The DTCFP initially identified youth as a potential focus, which has been operationalized as 18 to 24 year-olds.

Each DTC has its own unique characteristics. However, there are certain characteristics that are common across the DTCs. For example, the programs are voluntary and the accused must voluntarily apply to enter the Court. The participants in the DTCs are most commonly charged with non-violent *Criminal Code* offences, such as theft, possession of stolen property, non-residential break and enter, mischief, and communication for the purpose of prostitution. With respect to drug offences, the more frequent offences are those of simple possession, possession for the purpose of trafficking, and trafficking (at the street level). The above-noted offences are generally known to be committed by individuals who are trying to feed an addiction.

The Crown screens potential participants for eligibility, and each DTC can set its own eligibility criteria. The Crown initially screens the applications; the Crown may also determine that an accused is suited to the DTC and suggest that he can apply for the program. The admission process is similar at the DTCs: eligible applicants are assessed by treatment personnel, but it is ultimately the judge's decision whether to admit the applicant into the program.

The accused must enter a guilty plea to be admitted into the DTC program and has a period of time (e.g., 30 days) to withdraw the guilty plea and re-enter the traditional criminal justice system. The participant is assessed in order to create a treatment plan that is tailored to his or her specific needs. DTC staff will help ensure that the participant has safe housing, stable employment, and/or an education. The length of the program is approximately one year. Each participant is subject to random urine screening.

The participant will be required to appear personally in court on a regular basis. It is expected that the participant will be honest and disclose any high-risk activities and information on whether or not he or she has relapsed. The judge will review his or her progress and can either impose sanctions (e.g., a few days in jail) or provide rewards (e.g., coffee card).

To graduate from the program, participants must meet several criteria, including being abstinent for a certain period of time, complying with all conditions of the program, and showing evidence of life skills improvement, such as finding stable housing or employment. Participants who successfully graduate from the DTC may receive a non-custodial sentence. The sentence may include a period of probation, restitution and/or fines.

Although each DTC shares the same key elements (dedicated court, treatment and community support), operational structures and processes vary to some extent. The DTC court component usually consists of a judge, Crown, defence, probation officer, court staff, police, treatment, and community liaison. The vast majority of DTC participants have multiple issues (e.g., serious

addiction to illicit drugs, mental health concerns, inadequate housing, reliance on income assistance, minimal employment/education opportunities) and are assessed as medium to high risk to re-offend. A dedicated treatment plan with a strong case management component ensures that the offender is directed to existing services within the community. By accessing these services, the offender establishes a network of community supports that continues beyond the time spent in the DTC.

Nonetheless, as shown in Section 2.5 below, each court varies somewhat in its structure and design and delivery. Some of the differences relate to the type of funding recipient, composition of the DTC team, court component, treatment providers and activities, program length, and graduation requirements.

2.3. Funding

The DTCFP is a contributions funding program that provides financial support to provinces, communities and organizations to implement DTCs in Canada. DTCFP recipients are selected through an open solicitation and transparent review process. Three sites (Toronto, Winnipeg and Ottawa) have non-governmental organizations (NGOs) as funding recipients, and three sites have provincial departments as funding recipients (Vancouver, Regina and Edmonton). The Program has signed contribution agreements with each of the DTCFP-funded DTCs, which cover 2009 to 2014. Through these agreements, the Government of Canada funds up to 100% of eligible costs up to the maximum funding allowed per site. The following table summarizes the DTCFP's contributions to each DTC.

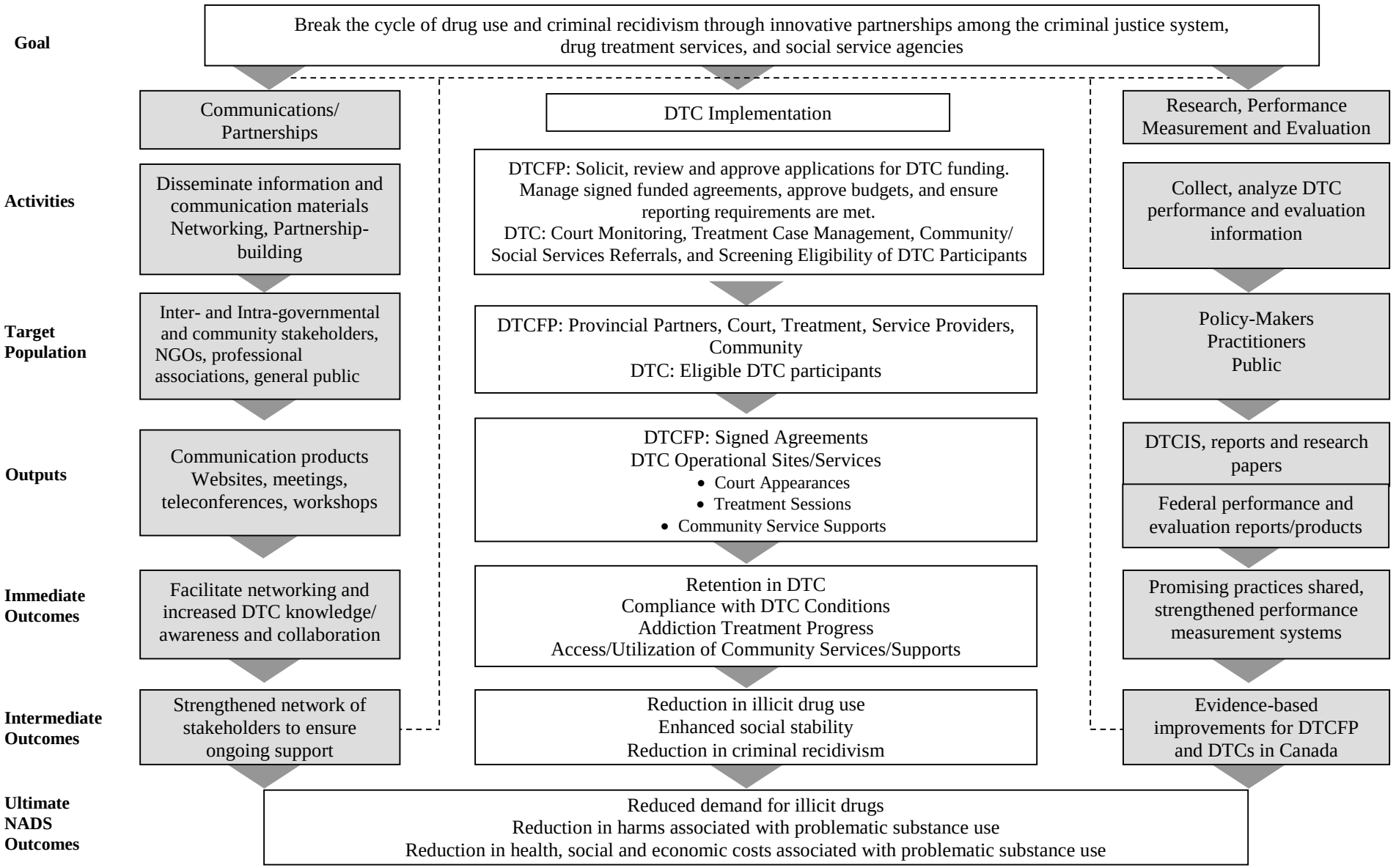
Table 1: DTCFP Contribution Funding

	2009-2010		2010-2011		2011-2012		2012-2013		2013-2014	
	Approved	Actuals	Approved	Actuals	Approved	Actuals	Approved	Actuals	Approved	Actuals
Toronto	750,000	750,000	750,000	750,000	750,000	747,476	750,000	729,767	750,000	740,461
Ottawa	550,000	550,000	550,000	533,185	550,000	527,134	524,315	524,315	505,000	505,000
Winnipeg	516,147	436,377	516,147	430,345	516,147	470,965	516,147	448,621	507,550	473,509
Regina	446,500	446,500	446,500	446,500	446,500	446,500	446,500	446,500	446,500	446,500
Edmonton	583,760	580,215	583,760	582,087	583,760	583,299	583,760	524,315	583,760	583,760
Vancouver	750,000	750,000	750,000	750,000	750,000	750,000	750,000	750,000	750,000	750,000
Total	3,596,407	3,513,092	3,596,407	3,492,117	3,596,407	3,525,374	3,570,722	3,423,518	3,542,810	3,499,230

2.4. Logic Model

A logic model is a graphical depiction of how the activities of the DTCFP and DTC pilots funded under the DTCFP are expected to lead to shared outcomes. Through the DTC pilots the DTCFP supports innovative partnerships among the criminal justice system, drug addiction treatment services and social service providers to reduce the health, social and economic costs of illicit substance abuse. The following page presents the logic model for the DTCFP and DTCs.

Government of Canada's Drug Treatment Court Funding Program (DTCFP) Logic Model



2.5. Profiles of the DTCFP-Funded DTCs in Canada

As noted in Section 2.2, the DTCs have their own structure, which is intended to meet local needs. Table 2 provides an overview of the DTCs.

Table 2: Description of DTC Models[2]

Funding Recipients	DTC Team
Three sites have NGOs as funding recipients: • Toronto – Centre for Addiction and Mental Health (CAMH) • Winnipeg – Addictions Foundation of Manitoba • Ottawa – Rideauwood Addictions and Family Services Three sites have provincial departments as funding recipients: • Vancouver – Corrections Branch, BC Ministry of Justice • Regina – Saskatchewan Justice • Edmonton – Alberta Justice and Solicitor General	All court teams include judge(s), Crown, and duty counsel. Unlike other sites, Ottawa does not have dedicated judge(s); instead, five different judges rotate. Most sites have provincial and Federal Crown attached to the DTC, except for Vancouver and Winnipeg (Federal Crown only). All sites have probation officers. In some sites, they are considered part of the court team, while in other sites, they work more closely with the treatment team (Vancouver, Regina). Treatment staff typically include managers and addictions therapists or counsellors. The exception is Edmonton, which does not provide direct treatment services and only has treatment and probation managers. Vancouver and Regina also have medical assistance at their treatment centres (e.g., psychologist, addictions nurse). Some sites have other specialized positions (e.g., community and cultural liaison, police liaison, employment assistance worker).
Governance Structure	**Target Capacity**
All sites have at least one committee that oversees the operation of the Program. Three sites (Toronto, Regina, and Winnipeg) have two committees. Committee membership will typically include representatives from provincial ministries of justice, health agencies, police services, and various community organizations. Committees from Regina and Vancouver include representatives from Justice Canada.	Sites vary in the number of clients they can serve. The target capacity of each site is as follows: • Toronto – 48 (usually operates with 50 clients plus continuing care clients) • Vancouver – 100 • Edmonton – 30 • Winnipeg – 30 • Ottawa – 35 • Regina – 30

[2] More detailed descriptions of each DTC are provided in Appendix A.

Court Component	Treatment Component
Sites vary in the number of court sessions they require each week; however, all sites will reduce the number of sessions if the participant is showing progress. The initial frequency of court appearances is listed below. • Toronto – twice weekly • Vancouver – twice weekly • Edmonton – weekly • Winnipeg – weekly • Ottawa – weekly • Regina – weekly All sites require regular (at least weekly) random drug testing. All sites have pre-court meetings, prior to the court sessions, with the judge, Crown(s), treatment team, and defence counsel. The treatment team provides updates on client progress and treatment recommendations at these meetings. Based on the outcome of these meetings, the DTC judge uses a number of sanctions and admonishments to encourage participants to continue in the program, and rewards when they show progress.	Sites have different approaches to treatment provision. Some have most services provided in house, while others refer to other treatment organizations. The primary treatment providers, by site, are listed below. • Toronto – CAMH • Vancouver – Vancouver Coastal Health • Edmonton – no single treatment provider; refer to a variety of providers for day or residential treatment • Winnipeg – DTC staff (who are hired by Addictions Foundation of Manitoba) provide core treatment services, although the program also frequently refers elsewhere for additional treatment services • Ottawa – Rideauwood Addictions and Family Services • Regina – DTC staff The format and approach of treatment varies across the sites. All involve group and individual counselling. All sites have phased programs that direct participants through different stages, such as assessment, stabilization, intensive treatment, relapse prevention or maintenance, and graduation. Edmonton has a unique, highly individualized treatment approach, where the treatment team and the participant develop a treatment plan that tailors intervention strategies and treatment services to the specific needs and goals of the participant. Residential treatment and housing services offered vary by site, each of which is briefly described below. • Toronto – Developed permanent, funded and unfunded partnerships with a number of community organizations and agencies for supportive housing. • Vancouver – Care team works in collaboration with the on-site employment and assistance worker to secure housing for clients, usually in market housing or recovery houses. • Edmonton – Participants are referred to pre-existing day or residential treatment programs. • Winnipeg – The DTC has established a relationship with Manitoba Housing Authority. • Ottawa – Contract with Ottawa Withdrawal Management for the provision of one bed (short term, seven days). • Regina – Participants are typically referred to YWCA, YMCA, The Salvation Army, and Welfare Rights for housing.

Length of Program	Graduation Criteria
There is no set length for completing the DTC program, as it is based on moving through program phases and meeting the graduation criteria; however, it generally takes approximately one year in order to complete the program. Estimates are given below. • Toronto – 12 months (most participants attend for 18-24 months) • Vancouver – minimum 14 months • Edmonton – minimum 12 months • Winnipeg – 12 to 18 months • Ottawa – 9 to 16 months • Regina – minimum 9 months	Two programs (Toronto and Ottawa) have adopted multiple levels of graduation. Toronto has two levels ("full graduation" and "successful completion") and Ottawa has three levels. Winnipeg, Vancouver, Edmonton and Regina each have one set of graduation criteria. The type of sentence received upon completion of the program depends on the level of graduation attained (honours or other). Criteria for basic graduation are described below (not the highest level but also not the lowest level of completion, which is based on length of time in the program and evidence of some positive changes). **Length of treatment:** For basic graduation, five sites (Toronto, Ottawa, Winnipeg, Regina and Edmonton) have a required length of time in the program. **Abstinence:** This varies by site: complete abstinence for at least three months (Ottawa, Vancouver, Toronto) or four months (Winnipeg, Edmonton, Regina). **Criminal offences:** Some sites require no new criminal offences for a minimum of three (Toronto) or six months (Vancouver and Winnipeg). The other sites do not have this as a graduation requirement. **Social stability:** Sites have various ways for demonstrating social stability, but almost all sites have this requirement. Examples are stable housing (Toronto and Vancouver), engaging in productive activities such as employment or volunteer work (Toronto, Vancouver, Edmonton and Winnipeg), acting on their plans for returning to the community, or showing progress toward their treatment goals (Ottawa, Edmonton and Regina).

Note: This table is a compilation of DTC profile descriptions (Appendix A), which were validated by each DTCFP.

3. METHODOLOGY

The evaluation was guided by the evaluation matrix in Appendix B and included three main lines of evidence.

3.1. Document and Data Review

The document and data review included the following documents:

- DTC funding applications
- financial information for 2009–10 to 2013–14
- funding agreements for 2009–10 to 2013–14
- minutes of DTC directors' meetings for 2009–10 to 2013–14
- research documents (e.g., participant outcomes studies conducted by the Research and Statistics Division with accompanying briefing notes, independent research conducted for the Vancouver DTC, and the evaluation of the housing pilot for the Winnipeg DTC)
- DTC evaluations (evaluations were not a requirement, but some DTCs have conducted evaluations since 2009)
- DTC websites
- relevant Justice Canada sub-studies and research studies, including a recidivism study and a study comparing the results of UDTs of graduates and non-completers over time in the program
- Drug Treatment Court Information System (DTCIS)[3] data results.

Profiles of each DTC were developed using the available documentation. To verify the content, each DTC was provided with its profile and changes were made, as requested.

[3] The DTCIS is a program management tool that is currently used by DTCFP funding recipients to meet their reporting requirements with the Department.

In addition to these documents, the evaluation gathered publicly available information from DTC websites, Departmental Performance Reports, Reports on Plans and Priorities, Budget Speeches, and Speeches from the Throne.

A targeted literature review focused on the most recent research studies related to DTCs with an emphasis on meta-analyses.

3.2. Survey of DTC Stakeholders and Staff

To assess the opinions of DTC stakeholders and staff, the evaluation used a bilingual web-based survey. The survey questionnaire is in Appendix C.

The survey sample was developed by Justice Canada in collaboration with the DTCs. The total sample included 138 contacts representing the six DTCs. The survey was offered online between August 8 and September 2, 2014. Reminder emails were sent to encourage participation. A total of 65 individuals completed the survey, for a response rate of 47%.

Table 3: Survey Respondents by DTC

DTC	Number of respondents	Number in sample	Percentage of response
Toronto	21	41	51%
Regina	11	17	65%
Edmonton	10	29	35%
Ottawa	10	21	48%
Winnipeg	8	15	53%
Vancouver	5	15	33%
Total	65	138	47%

Respondents were primarily members of the DTC team and/or members of the DTC governance or advisory committees. See Table 4 for further details.

Table 4: Types of Survey Respondents

	(n=65)	
	Number	Percentage
Members of dedicated DTC team		
Treatment provider	11	17%

	(n=65)	
	Number	**Percentage**
Judge	7	11%
DTC director	5	8%
Federal Crown/paralegal	5	8%
Provincial Crown	3	5%
Probation or police service	2	3%
Administrative	2	3%
Case manager	1	2%
Housing assistance/manager	1	2%
Duty counsel	1	2%
No response	4	6%
External service providers		
Housing services	4	6%
Addictions treatment	2	3%
Other health services	2	3%
Provincial social assistance	2	3%
Employment services	1	2%
Intake	1	2%
Members of DTC governance or advisory committee	**22**	**34%**
Defence counsel	**3**	**5%**
Other	**1**	**2%**

Note: Respondents could provide more than one answer. Totals do not sum to n=65 or to 100%.

3.3. Case Studies and DTC Observations

The case studies focused on the experiences of individual DTC participants at four sites: Ottawa, Regina, Toronto and Winnipeg. The DTCs assisted with recruiting individuals for the case study interviews, which were conducted in person at the DTC offices. A copy of the case study interview guide appears in Appendix C. Each interview took approximately 30 to 45 minutes to complete. Participants had the option of ending the interview at any time.

The evaluation planned to conduct at least 12 case studies with participants at each DTC site for a total of at least 48 interviews. The intention was to divide the interviews evenly between program graduates, current participants who have substantial experience with the program (i.e., not recent entrants), and participants who did not complete the program. Current participants were included because they have more immediate reactions to the programs and can address any challenges or barriers they are presently experiencing.

Overall, 48 individuals were interviewed across the four case study sites, including 22 graduates, 18 current participants, and eight who did not complete the program ("non-completers"). The evaluation targets were generally met, although the non-completers proved to be a challenging group to reach, since they were no longer connected to the DTC and did not have a positive outcome (graduation). Demographic information of case study participants is presented in Table 5.

Table 5: Characteristics of Case Study Participants

	Total
Ethnicity	
Caucasian	36
Aboriginal/Métis/Inuit	10
Other visible minorities	2
Gender	
Male	32
Female	16
Age	
18–24	2
25–34	14
35–44	9
45–54	18
55 and over	5
Age when began using drugs*	
10 and under	2
11–19	36
20–29	4
30–39	2
40–49	0
50 and over	1
Drug of choice**	
Cocaine/crack cocaine	30
Opiates	12
Methamphetamines	10
Talwin & Ritalin (Ts & Rs)	1

**Note: Three case study participants did not provide the age when they began using drugs.*

***Note: Some case study participants provided more than one drug of choice.*

Most case study participants were charged with multiple crimes before entering the program. Criminal activity self-reported by participants involved, for the most part, property-related crimes

such as shoplifting, breaking and entering, theft and/or drug-related offences, mainly trafficking and possession.

The following scale has been applied to report on case study interviews.

A few Some Many Most Almost all

The site visits at the four DTCs for the case study interviews also provided an opportunity to observe a pre-court and court session of the DTCs, which showed an understanding of how the DTC team worked together during court sessions. In addition, the DTC directors presented an overview of the DTC services to the evaluation team.

3.4. Recidivism Study

A study was conducted to compare the rates of re-offending of individuals who participated in a DTC program from 2006 to 2010 with two separate comparison groups: a) individuals (N=151) who met the DTC eligibility criteria but who were arrested in a jurisdiction that does not have a DTC; and b) individuals who were eligible and referred to a DTC but did not participate in the program (N=45). The DTC group was comprised of those individuals who successfully completed the program (graduates N=104) and those who were terminated from the program (released N=290).

The four recently established DTC sites (Ottawa, Winnipeg, Regina and Edmonton) provided information (DTCIS) on the adult offenders referred to the DTC, including offenders' names, date of birth, program status and dates, gender and charges at arrest.

Evaluators reviewed court files (Halifax and Moncton) to identify the individuals for the comparison group. The criteria to select adult offenders who were charged under the CDSA were similar to the DTC eligibility criteria (i.e., offenders had committed a non-violent offense; did not use a weapon in the commission of their offense; there was no indication the individual's offence was gang or organized crime related and there was a clear reference to the individuals drug and/or alcohol abuse/addiction/dependence).

Individuals who participated in the DTC program between 2006 and 2010, and those who went to the court between 2004 and 2010 (comparison) were included in the analysis. This timeframe allowed for a post-program follow-up time of at least three years after program participation or

completion. The names of all individuals (DTC and comparison group) were submitted to the Royal Canadian Mounted Police's Canadian Police Information Centre (CPIC) to obtain criminal history information. The CPIC records were analyzed up to September 2013. For the analysis, the time elapsed after participation in the program until receiving a criminal conviction or, in the absence of a conviction, the time to the end of the observation period, was statistically modeled. Recidivism is defined, for the purpose of this study, as a new criminal conviction after completion or participation in the DTC program.

Cox regression model was performed to analyze the data. The analysis controlled for gender, age at arrest, total number and types (i.e., offences against a person, administration of justice and drug) of prior convictions, participant's age of first conviction, years of criminal record and whether or not individuals participated in a DTC program. Even though, the study controlled for some measures, there are however other unmeasured differences in the underlying characteristics of the DTC and comparison group members (i.e., race, employment, health issues, education, drug of choice, and housing) that the study did not account for. The major limitation of the analysis was the lack of true experimental design, as practical and ethical constraints precluded the random assignment of persons to participate.

3.5. Drug Urine Tests Analysis

Part of the requirement of the DTC program is random testing of the participants for illicit drugs. Participants must willingly submit to random and frequent urine drug testing by program staff during participation in the DTC program. The dates and the results of these urine drug tests (UDTs) were recorded in the DTCIS database regularly.

For the present study, UDTs results were extracted from the DTCIS for five sites (Edmonton, Ottawa, Toronto, Winnipeg and Regina) for the period between April 1, 2009 and March 31. 2014. The results of the UDTs were analyzed over a period of 15 months at three-month intervals. Individuals who were not accepted or admitted in the DTC, those with less than 30 days in the program and those who had no UDTs were not included in the study. The total number of the participants included in this study was 672. Only participants who had remained in the program for 15 months were ultimately included in the study (n=98) for the between-subject average effect and interactions. Although this approach introduces selection bias as earlier non-completers are not part of the study, the results align with findings in the literature that indicate that retention and length of stay may lead to better outcomes, as discussed above.

A mixed repeated measures design with one between-subject factor and two within-subject factors was used to analyze the data. The between-subject factor referred to the groups (those who successfully completed the program and those who did not complete the program) and the within-subjects factors were time in months (3, 6, 9, 12 and 15) and UDTs (dirty and clean).

3.6. Limitations and Mitigation Strategies

The evaluation encountered several methodological limitations and undertook steps to mitigate their effects.

Methodological limitations and mitigation strategies

- An online survey was used to collect information from stakeholders and key informants, as well as from case studies with participants at each DTC site. The survey and the case studies were administered during summer months. This may have affected the response rate to the survey as well as the ability to recruit case study participants.

  Mitigation strategies:

  - Multiple reminder emails were used to boost the response to the survey. In addition, the survey timelines were extended by one week.
  - For case studies, the site visits occurred as late in the evaluation as possible given reporting timelines.
  - The survey included many open-ended questions to provide more in-depth, detailed information than a traditional online survey.

- The case study interviews were intended to include equal numbers of current participants, graduates and non-completers. However, recruitment efforts were less successful for non-completers, which limit the inclusion of their perspective in the evaluation findings.

  - No mitigation strategies available.

- Drug Treatment Court Information System data:

  - Given that the DTCIS was developed in the first instance as a case management tool, and in the second instance, as a data collection tool, many of the DTCIS fields are site-specific with drop-down menus that do not allow for each roll-up in a national basis.

- The extracted fields from the DTCIS database are not the same as the fields in the DTCIS input tool. The DTCs have a manual to guide data entry, but there is no manual for the DTCIS database extraction.
- It was difficult to determine the number of active participants, regardless of their status, by FY based on the current fields available in the DTCIS.
- DTCFP made efforts to streamline the DTCIS as it proved onerous to DTCs. As a result, some information on outcomes is no longer consistently tracked, such as the number, length and type of treatment sessions.
- The DTCIS does not capture information on recidivism during the program unless it is a reason for terminating a participant from the program.
- The DTCIS contains data entry errors, inconsistencies and other data quality issues, which make its use to support analysis of program results challenging.
- The DTCIS database is to be updated regularly, but sometimes there are gaps and interruptions, and thus the most recent information might not be available.

  Mitigation strategies:

  – The DTCFP has a dedicated IT person to support the database and extract the necessary information as required. The IT expert downloads the information from each DTC monthly report and merges the data from the sites into the national DTCIS.
  – The Evaluation Division undertook substantial efforts to understand the DTC and DTCIS fields, and to clean and analyze the data for the evaluation, which enabled this evaluation to include DTCIS data.

- Although this evaluation benefits from the availability of the completed recidivism study, global costs are not tracked by each DTC. This is particularly the case with DTCs that have NGO funding recipients. These recipients do not have access to the provincial costs (e.g., court time, Crown time) for the operation of the DTC.

  – No mitigation strategies available

4. KEY FINDINGS

This section combines information from all lines of evidence and presents the findings according to the broad evaluation issues of relevance and performance.

4.1. Relevance

This section reports on the relevance of the DTCFP. It discusses the alignment of the DTCFP with federal priorities and the continued need for the program.

4.1.1. Alignment with Federal and Departmental Priorities

The DTCFP aligns with federal priorities as evidenced by long-standing federal commitments to address crime and drug use in Canada. Since their inception, DTCs have been part of the federal anti-drug strategy and criminal justice agenda. The Toronto and Vancouver DTCs were initially introduced as part of Phase II of Canada's Drug Strategy (CDS) launched in 1992, with funding from the Crime Prevention Investment Fund (CPIF) of the National Crime Prevention Strategy.

In 2007, when the National Anti-Drug Strategy was announced, the federal government renewed its commitment to programs combining treatment and enforcement, such as the DTCs and the DTCFP (Government of Canada, 2007). The Strategy's goal is to "contribute to safer and healthier communities through coordinated efforts to prevent use, treat dependency and reduce production and distribution of illicit drugs". The prevention, treatment and enforcement action plans guide these efforts. The DTCFP is funded under the Treatment Action Plan, the objective of which is to "support effective treatment and rehabilitation systems and services by developing and implementing innovative and collaborative approaches" (Government of Canada, 2014).

Throne Speeches and federal budgets, as well as legislative changes since 2009 provide evidence of alignment between DTCs and the federal government's crime agenda and drug-related priorities. In the 2010 Speech from the Throne, the federal government reiterated its concern with drug crimes, making a commitment to "reintroduce tough legislation to combat the organized

criminal drug trade" (Government of Canada, 2010). Similarly, the 2011 Speech from the Throne referred to the reintroduction of "comprehensive law-and-order legislation to combat crime and terrorism" (Government of Canada, 2011). In the following year, the federal government tabled and Parliament passed the *Safe Streets and Communities Act*. This act was intended to support the National Anti-Drug Strategy by creating mandatory minimum penalties for serious drug offences (Department of Justice Canada, 2012). The legislation, while expressly intended to "hold offenders accountable for their actions", recognized the role of DTCs in addressing drug-related crimes. It included Section 720(2) of the *Criminal Code* and sections 10(4) and 10(5) of the *Controlled Drugs and Substances Act* (CDSA) (which came into force on November 6, 2012). These sections allow courts to delay sentencing of drug-addicted offenders while they attend provincially approved and court-supervised treatment programs — including DTCs.

The DTCFP also supports the Department of Justice's first strategic outcome, which is "a fair, relevant, and accessible justice system". As stated in the most recent Report on Plans and Priorities, the Department of Justice uses contribution and grant funding, such as the DTCFP, to facilitate access to justice and support the functioning of the Canadian criminal justice system (Department of Justice Canada, 2014).

4.1.2. Alignment with Federal Roles and Responsibilities

Canada's first federal drug strategy was introduced in 1987 under the title "National Drug Strategy". It acknowledged that substance abuse was primarily a health issue but continued the enforcement-based approach that Canada has adopted since enacting the *Opium Act* in 1908, which made it illegal to import, manufacture or sell opium. Efforts to control and regulate psychoactive substances have subsequently relied on legislation to ban the production, distribution and use of illicit drugs. The legislation used has included the *Opium and Drug Act*, the *Narcotic Control Act*, the *Food and Drug Act* and the current CDSA. In 1988, Parliament created the Canadian Centre on Substance Abuse as Canada's national NGO on addictions. Its primary responsibility is to provide objective information on addiction. Canada's Drug Strategy was renewed in 2003, and in 2007 the Government of Canada introduced its National Anti-Drug Strategy (NADS). The goal of the current NADS is to contribute to safer and healthier communities through coordinated efforts to prevent use, treat dependency, and reduce production and distribution of illicit drugs. The DTCFP is funded under the NADS treatment action plan.

Funding of the DTCs through the DTCFP aligns with the constitutional division of authorities related to criminal justice. Under the *Constitution Act*, criminal justice is an area of shared

responsibility between the federal/provincial/territorial (F/P/T) governments. The federal government has authority for criminal law-making, criminal procedure and penitentiaries, and the provinces and territories are responsible for the administration of justice and reformatories. By using the policy lever of the DTCFP, the federal government respects the constitutional division of authority and helps fund the DTCs without becoming directly involved in their administration.

Under section 10(4) (a) of the CDSA, a DTC program must be approved by the Attorney General. In order to be approved by the Attorney General, the program must comply with the internationally recognized DTC principles[4]. The Chief Federal Prosecutor in the appropriate province, territory or region can approve the DTC program in that area on behalf of the Attorney General.

The new sections 10(4) and 10(5) of the CDSA, which came into force on November 6, 2012, allow a court to delay sentencing while an addicted offender either participates in a DTC program approved by the Attorney General, or attends a treatment program approved by the province under the supervision of the court as outlined in section 720(2) of the *Criminal Code*. If the person successfully completes the treatment program, the court is not required to impose the mandatory minimum penalty for the offence.

4.1.3. Continued Need for the DTCFP

With DTCs internationally now into their third decade of operations, an expansive literature exists that considers the issues the DTCs address and their effectiveness. Based on this literature and survey results, the evaluation findings demonstrate that there remains a continued need for DTCs and the DTCFP.

Relationship between addictions and crime

Research studies from many countries have found a strong association between criminal behaviour and the use and abuse of drugs and alcohol (Pernanen et al., 2002; Koehler et al., 2013). Various studies, systematic reviews, and meta-analyses have established that a) those with substance abuse issues are more likely to have committed crimes, and b) those who have had contact with the criminal justice system are more likely to have substance abuse issues (Koehler et al., 2013). While the strength of this association is somewhat in dispute, studies have produced relatively high estimates of the share of crimes that can be attributed to the use and abuse of drugs and alcohol,

[4] Guidelines for Federal Prosecutors: Drug Treatment Courts. http://www.ppsc-sppc.gc.ca/eng/pub/fpsd-sfpg/dg-ldd/08_11_12.html

and of the prevalence of addiction issues in prison populations. For example, in Canada, a series of studies undertaken by the Canadian Centre on Substance Abuse found that over half of federal and provincial inmates reported using drugs prior to their arrest and being under the influence of a psychoactive substance when they committed their most serious crime (Pernanen et al., 2002). A systematic review of studies[5] on the prevalence of substance abuse and the dependence of prisoners upon their entry into custody, found that estimates for the prevalence for drug abuse and dependence ranged from 10-48% in male prisoners and 30-60% in female prisoners (Fazel, Bains, & Doll, 2006).

In addition to highlighting the association between criminal behaviour and drug use, evidence indicates that much drug-related crimes are committed for the purposes of satisfying an addiction. According to Pernanen et al., "a significant proportion of crimes are reported to have been committed in order to obtain psychoactive substances for personal use" (2002, p. 8). Survey respondents also highlighted that DTC target populations have engaged in criminal activity due to their complex/lengthy addictions.

Studies have also estimated high costs associated with illicit drug use that are borne by society as well as the justice system. For example, Rehm et al. (2006) estimated the social cost of illegal drug used to be $8.2 billion for one year in Canada. This estimation includes both direct costs (i.e., the burden on health care, law enforcement and other services) and indirect costs (i.e., loss of productivity resulting from premature death, disability or ill health). In 2008, a Department of Justice report calculated that $1,294,330,000 was needed to cover just the direct health care costs associated with illicit drug use in the previous year (Zhang, 2008). When updated to 2012 prices, the estimate rises to $1,380,000,000 (Easton, Furness, & Brantingham, 2014). While researchers have noted variations and uncertainties in assessing the costs of drug use and drug-related crime[6], they point out that, given data limitations, estimates of the association between illicit drug use and crime and the costs of drug-related crime use can be conservative (Pernanen et al., 2002; Zhang, 2008).

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[5] The systematic review looked at the results of studies that had used standardized diagnostic criteria. It included 13 studies with a total of 7,563 prisoners (Fazel, Bains, & Doll, 2006).

[6] According to Pernanen et al. (2002), in Canada, most crime incidents are unreported, and police reports (the most in-depth information source on crimes) lack information about the perpetrators. Other researchers highlight both the difficulty in accounting for all of the financial impacts of crime and the uncertainty and controversy involved in assigning monetary values to intangible items, such as pain and suffering and lost quality of life (Zhang, 2008). In addition, as the link between drug abuse and criminal behaviour is not static, longitudinal studies are needed to account for changes over time (Pernanen et al., 2002).

Drug-related criminal behaviour appears to be an ongoing (and potentially increasing) problem, as data on police-reported drug offences in Canada show an increase in the rate of drug offences over time. For example, a 2009 Statistics Canada report indicated that drug offences had been generally increasing in Canada since 1993 (Dauvergne, 2009). According to more recent data, although the overall crime rate in Canada decreased by 28.1% between 1998 and 2012, the crime rate for drug offences increased 33.4% over the same period — from 235 per 100,000 population in 1998 to 314 per 100,000 population in 2012 (Public Safety Canada, 2013).[7]

Support for the DTC model

Given the strong links between drug use and crime and the high costs of criminal behaviour linked to substance abuse, it follows that effective interventions to address drug-related crime and reduce recidivism in this area are needed. Drug courts are one intervention option. They are a therapeutic intervention that provides court-supervised treatment as an alternative to the criminal justice system, which emphasizes incarceration, probation, and parole, often without provisions for accompanying treatment (UNODC, 2010).

This evaluation found evidence of support for both the philosophy behind drug courts and the relevance of the drug court model. With regard to philosophy, arguments have been made by researchers in favor of treating drug-addicted offenders.[8] As neurobiological research has determined that addiction is a treatable brain disorder, some researchers have argued that treating offenders can be successful and can result in significant improvements to both public health and safety (Chandler, Fletcher, & Volkow, 2009). Given that drug-addicted offenders are unlikely to seek treatment on their own, "the criminal justice system provides a unique opportunity to intervene and disrupt the cycle of drug use and crime in a cost-effective manner" (Chandler, Fletcher, & Volkow, 2009, p. 189). In addition, literature points out that drug-using offenders often have many co-occurring issues (e.g., poverty, mental and physical health issues) and significant treatment needs in multiple areas[9]; some studies also indicate that incarceration does not adequately address (and can, in fact, exacerbate) these co-existing problems (Aos, Miller, & Drake, 2006; Chandler, Fletcher, & Volkow, 2009). Survey respondents strongly believed that DTCs are

[7] These reports recognize that this increasing trend may be partly explained by changes in police policies and charging practices (e.g., targeting drug-related crimes) and/or legislative changes that have criminalized or decriminalized certain behaviours with regard to drugs (Dauvergne, 2009).

[8] Drug treatment, in general, has been linked to statistically significant reductions in recidivism (Aos, Miller, & Drake, 2006).

[9] Drug dependence often co-occurs with other individual or social disadvantages, such as mental health issues and poverty, and addicted offenders are at high risk for infectious diseases, such as HIV and hepatitis C (Aos et al., 2006; Chandler, Fletcher, & Volkow, 2009).

better equipped to meet the needs of the DTC target populations than the traditional justice system. Some 82% of respondents believe that the DTCs are somewhat or very effective in addressing participants' needs, compared to 17% of respondents who believe the traditional justice system is somewhat or very effective in meeting the needs of the DTC target populations.

In terms of the relevance of the DTC model, studies of specialized drug courts and drug treatment programs provide evidence of promising results. Studies of various types of adult corrections programs aimed at drug-addicted offenders have found that drug courts consistently achieve reductions in recidivism (Aos et al., 2006; Downey & Roman, 2010; Leticia Gutierrez & Bourgon, 2009; Koehler et al., 2013; Latimer, Morton-Bourgon, & Chrétien, 2006; Mitchell, Wilson, Eggers, & MacKenzie, 2012; Mitchell, Wilson, & MacKenzie, 2006; Shaffer, 2006, 2011)[10] [11] [12]. From the results of their meta-analysis, Downey and Roman concluded that "it is virtually certain that the average drug court effect is a reduction in recidivism". They found this to be true for all studies, regardless of level of rigor (2010, p. 35). Some studies have also found that the effects of drug courts on recidivism rates last for years after program completion (Mitchell et al., 2012)[13].

Importance of federal involvement

Evidence indicates that federal contributions in support of DTCs in Canada continue to be appropriate and are important to their continuation. Among stakeholders, the DTCFP is considered vital to the continuation of the DTCs. Four-fifths (80%) of survey respondents believe that there is an ongoing need for the DTCFP, and 44 of 65 survey respondents provided specific examples of the importance of DTCFP funding and support to DTCs. Specifically, these survey respondents noted that loss of DTCFP funding could result in: closure or reduction of services of existing

[10] In a review of the evaluations of many types of adult corrections programs (including drug courts), Aos, Miller, & Drake (2006) found that adult drug courts achieve, on average, a 10.7% reduction in the recidivism rates of participants. These results were statistically significant, and found to be significantly higher than the reductions in recidivism achieved by other interventions, including "therapeutic communities" (with or without aftercare), cognitive-behavioural drug treatment, and drug treatment in jail, which achieved average recidivism reductions of between 5.3% and 6.9%.

[11] In an examination of methodologically acceptable studies, Gutierrez & Bourgon (2009) determined that the least biased estimate of the effectiveness of DTCs in reducing recidivism is approximately 8%.

[12] In their meta-analysis of data from 66 individual drug treatment court programs, Latimer, Morton-Bourgon, & Chrétien (2006) found that DTCs reduce recidivism rates of participants by 14%, compared to traditional justice system responses.

[13] In a systematic review assessing the effect of DTCs on recidivism in the short- and long-term, Mitchell, Wilson, Eggers, & MacKenzie (2012) found that rigorous evaluations of adult drug courts show strong, consistent reductions in recidivism, and that the positive effects of drug courts on recidivism persist for at least three years.

DTCs; a negative effect on the consistency of DTCs; detrimental effects on DTC participants; and negative impacts on the justice system. Some respondents commented that the provincial governments may not address any funding shortfall should federal funding be reduced[14].

Literature also provides some support for the use of federal funding to sustain the operation of DTCs. A 2011 meta-analysis of 198 evaluations of DTCs in the United States found that DTC programs implemented with federal funds were more effective than other DTC programs. The researchers attributed this finding to the guidelines and regulations implicit in the receipt of federal funds (Shaffer, 2011).

The federal government is continuing to work collaboratively with provinces and territories on DTCs. The amendments to sections 10(4) and 10(5) of the CDSA prompted consideration of the federal role in overseeing and sustaining DTCs. In response to these amendments, the Ad Hoc Federal/Provincial/Territorial (F/P/T) Working Group on DTC Efficiencies and Resource Allocations was developed. In addition to defining the key characteristics required for an effective and efficient DTC model, the mandate of this working group involves discussing appropriate F/P/T oversight of federally funded DTCs. This ongoing work reflects the commitment to the continued need for DTCs and the DTCFP.

4.2. Design and Implementation

This section considers the effectiveness of the design and implementation of the DTCs as well as the management of the DTCFP.

In considering the design and implementation of the DTCs, each subsection incorporates a discussion of best practices for DTCs derived from the literature, particularly those identified in the *Adult Drug Court Best Practice Standards* (Volume 1) developed by the National Association of Drug Court Professionals (NADCP). These peer-reviewed best practices, developed by a diverse and multidisciplinary committee of drug court practitioners, subject matter experts, researchers and government policy-makers, encompass DTC practices that have been shown by reliable evidence to significantly improve outcomes (NADCP, 2013). Where relevant, "key

[14] An example is the Winnipeg DTC Housing Supports Program, which showed favourable results, but could not sustain its transition house or housing support worker once the time-limited federal funding ended in March 2014.

components" of drug courts identified by the United States Bureau of Justice Assistance (BJA, 2004) will also be referenced.[15]

Although the best practices and principles listed in these resources are aspirational and not obligatory, and do not represent a complete list of all useful DTC practices, they provide an evidence-based and useful point of comparison for considering the design and implementation of the DTCFP-funded DTCs.

4.2.1. Organizational Structure and Governance

This section considers organizational structure and governance both in terms of the DTCs funded by the DTCFP, as well as the funding program itself.

DTC team composition and decision-making practices

Best practice sources highlight the importance of the multidisciplinary organization and collaborative nature of the DTC model. As judges do not have training in clinical treatment, collaboration between a DTC's court and treatment components results in an effective and appropriate court response to participants' behaviour (NADCP, 2013). While judges must make the final decision on the use of incentives or sanctions, this decision should take into consideration the input of the DTC team. In particular, when imposing treatment-related conditions, the judge should rely on the expert input of trained treatment professionals (NADCP, 2013, pp. 21, 23, 24). To facilitate this collaboration, DTCs should have structures and practices in place to ensure regular, timely communication among DTC team members, including between the court and treatment teams (BJA, 2004, p. 4).

Evaluation evidence indicates that the DTCFP-funded DTCs adhere to many of the best practices and key components identified above — particularly with regard to the multidisciplinary nature of DTC teams, the interaction among all team members, and the process for ensuring that judges make informed decisions. All DTCs include diverse teams that share information and interact on a regular basis. Although the precise membership of DTC teams varies, they are all multidisciplinary and, at a minimum, include judges, Crown counsel, treatment professionals and

[15] While the *Best Practices for North Carolina Drug Treatment Courts* are, to some extent, specific to North Carolina, they were developed based on nearly 15 years of experience with DTCs – at a time when North Carolina had moved past experimentation with DTCs to an institutionalized, stable, statewide DTC network. As such, some of the lessons learned may be useful to DTCs in other jurisdictions, and provide added support for best practices identified by other sources (NCAOC, 2010).

defence counsel. Some sites include probation officers in the team, but the alignment of the probation officers varies; in some courts, probation officers are more closely aligned with judge and Crown, and in other courts, with the treatment team.

In accordance with best practices, all DTCs have regular meetings and structures in place to ensure ongoing interaction among the DTC team. Meetings include case management sessions among the treatment team and pre-court meetings that bring together representatives of the treatment and court teams to report on participants' progress to the DTC judge. Survey results indicate general confidence with the structure and administration of the DTCs. This is particularly the case with respect to collaboration within the DTC teams — further verifying DTC adherence to best practices in this area. The majority of survey respondents agreed that there is strong collaboration among the court team (75%), among the treatment team (71%), and between the court team and treatment team (69%).

Roles and responsibilities of DTC team members

As noted above, each DTC has its own team composition, which is a standard practice for DTCs internationally. With no one model, the best practice for DTCs is clarity among the team of each member's roles and responsibilities. The one team member who has had more detailed best practices developed is the DTC judge, since every DTC has a judge. As is discussed below, the evaluation findings indicate that the DTCs are following best practices, although clarity of team members' roles could be improved, as could some aspects of the judge's role in some DTCs.

For all DTCs, the role of the judge follows best practices in terms of his active involvement in the treatment process, and his practice of consulting with treatment professionals prior to making decisions concerning DTC participants (BJA, 2004; NADCP, 2013). As the judge attends the pre-court sessions and court meetings at all DTCs, he is involved in the treatment process. During pre-court meetings, typically, the treatment team shares information on each participant's progress in treatment, and the Crown and defence counsel provide information on legal issues affecting the client (such as absence from program without official leave or missing curfew). Discussions then occur among the team about the issues presented on each participant, with recommendations made to the court on sanctions or rewards. The team may also make recommendations related to graduation or expulsion from the DTC. Even though the final determination resides with the judge, all DTCs include this mechanism whereby the treatment team can make recommendations and give opinions regarding the court response.

Some DTCs do not conform to the best practice whereby participants mostly appear before the same judge during their time in the program (NADCP, 2013, p. 20). Some DTCs have more than one judge and those judges often sit on a rotating basis. There is no evidence from this evaluation to suggest that the lack of continuity in judges is having a negative impact on DTC participants; case study participants, regardless of DTC, expressed general satisfaction with the judges.[16] Nevertheless, given that continuity in judges has been shown to have a positive effect on participants' outcomes (NADCP, 2013), this could be an area of further study in terms of its feasibility.

Going beyond the role of judges, evaluation findings indicate room for improvement with regard to clarifying the roles and responsibilities of other DTC team members. Although survey respondents were generally positive about all aspects of the structure and administration of DTCs, survey results indicate that stakeholder perceptions regarding clarity of roles and responsibilities are somewhat lower than perceptions about other aspects of DTC administration. Whereas two-thirds of respondents strongly agreed that strong collaboration occurs among DTC team members, less than half strongly agreed that the roles and responsibilities of each DTC stakeholder group are sufficiently clear. Similarly, when asked to provide some specific advice to improve the DTC structure and administration, survey respondents most often mentioned the need to clarify roles and responsibilities (14%), improve decision making (8%), address staff turnover/lack of stability (8%), and provide more standardization or consistency in overall approach (6%)[17].

Although recognizing the importance of maintaining flexibility and allowing variation in DTC structure (so that some DTCs are able to work well within the local context), during the site visits for the case studies, some DTCs raised questions about what should be the appropriate roles for team members. In particular, the DTCs have very different approaches as to who conducts UDT tests. In some locations, counsellors perform the tests, while in others either case managers or health professionals who are not involved in treatment conduct the tests. Some DTC team members raised questions about the appropriateness of counsellors conducting UDTs (which may undermine participants' level of comfort and openness with their counsellors). These team members indicated that some general guidelines with regard to appropriate job descriptions for DTC team members would be helpful.

[16] As discussed in Section 4.2.4, almost all case study participants said that DTC judges are fair, respectful and understanding, and many expressed that the judges are caring and compassionate.

[17] More than half (55%) of survey respondents did not provide any suggestions.

Some DTCs are addressing the need for greater clarity concerning roles and responsibilities through updating or developing policy and procedure manuals and/or conducting strategy sessions among the team. Survey respondents considered the need for policies and procedures or some other written documentation that sets out roles and responsibilities particularly important because of the rather high staff turnover in some DTCs.[18] Other specific suggestions made by survey respondents for clarifying roles and responsibilities included increasing collaboration and transparency in Crown decision making regarding applicants; and examining roles of DTC committees to ensure lack of duplication in discussion of issues.

DTCFP – Management/administration considerations and structural guidance

DTCFP federal program officials report that the DTCFP was able to undertake all planned activities during the evaluation period (2009–14) with federal funding provided through the program. One of its principal goals — in response to recommendations from the 2009 evaluation of the DTCFP — was to build stronger relationships with provincial and territorial governments. Given that the administration of justice is a provincial responsibility, it is important to consider the role of provincial and territorial governments in administration of the DTCFP. Developing effective partnerships with provincial governments in the administration of DTCs has the added benefit of facilitating more effective leveraging of, and greater collaboration with, various provincial ministries. (This is the case in Vancouver, where the provincial government has been the funding recipient since its inception; the provincial government takes the lead on involving other provincial ministries.)

Since 2009, Justice Canada has succeeded both in strengthening existing F/P/T partnerships related to the DTCFP, and in establishing new partnerships.[19] Although some DTCFP funding recipients continue to be NGOs as opposed to provincial governments, DTCFP officials have established connections with all provincial and territorial jurisdictions, in particular through the Ad Hoc F/P/T Working Group on DTC Efficiencies and Resource Allocations (mentioned in Section 4.1.1). This group is currently considering appropriate F/P/T oversight of federally funded DTCs, and how to distribute the DTCFP budget (of $3.6 million) across jurisdictions interested in receiving federal funding for DTCs.

[18] Although only nine survey respondents (14%) suggested this improvement in DTC administration, it was the most frequent suggestion made.

[19] In Edmonton, the provincial government became the recipient of DTCFP funding, taking the place of the original funding recipient. In Winnipeg, the funding recipient is currently the Addictions Foundation of Manitoba, but DTCFP officials have indicated that the next funding agreement will be directly with the province.

Current pilot site funding provides support for some cost categories that are more appropriately provincial responsibility. The AD Hoc Working Group acknowledged that more efficient funding approaches were needed. The DTCFP is slowly evolving in its approach to funding in a number of ways. For example, in 2012, the funding recipient for the Edmonton DTC moved from the John Howard Society to Alberta Justice. Moving to a federal/provincial funding relationship has allowed for improved accountability and efficiencies. As such, federal funding that was previously allocated to administration fees was redirected to direct treatment and rehabilitation costs. As it works to identify unique costs of drug courts, the Working Group is considering a provincial role in administering and funding drug courts in collaboration with the federal government.[20]

In addition to considering administration issues, the Ad Hoc F/P/T Working Group on DTC Efficiencies and Resource Allocations is working on providing structural guidance to DTCFP-funded DTCs. This working group has recommended nine guiding principles for the operation of DTCs:

1. access to a continuum of drug and other related treatment and rehabilitative services is integrated with justice system case processing;

2. abstinence or reduction in use of illicit drugs is monitored by frequent substance testing;

3. ongoing case management provides social support necessary to achieve social reintegration for the participant;

4. forging partnerships among courts, corrections, treatment and rehabilitation programs, public agencies and community-based organizations to enhance program effectiveness;

5. using a non-adversarial approach, prosecution and defence counsel promote public safety while protecting participants' Charter rights;

6. a coordinated strategy governs the Courts' response to participants' compliance and non-compliance;

[20] The intention to involve the provinces more in administration and funding of DTCs should not be construed to signify a reduced federal commitment to DTCs. Overall responsibility for the court and administration of justice is within provincial jurisdiction, as is treatment, but most crimes committed by drug-addicted offenders fall under the CDSA, which is within federal jurisdiction.

7. timely, certain and consistent sanctions for non-compliance or rewards for compliance are developed;

8. ongoing judicial interaction with each participant is essential; and

9. appropriate flexibility in adjusting program content, including incentives and sanctions, to better achieve program results with particular groups such as women, Aboriginals and minority ethnic groups.

Many of these guiding principles are in line with internationally recognized DTC principles accepted by Public Prosecution Service of Canada and very similar to key DTC elements and best practices identified by other countries.[21]

4.2.2. Program Admissions and Reach

Eligibility and admissions

The DTC literature identifies a few best practices related to eligibility determinations:

- the criteria for eligibility should be objective so that personal impressions of suitability for the DTC are not used;
- the admission decision should be based on the use of validated risk assessment tools; and
- high-risk/high-need participants should be admitted (NADCP, 2013, pp. 5-8 and studies cited therein).

The Ad Hoc F/P/T Working Group on DTC Efficiencies and Resource Allocations follows these best practices in its recommendations, particularly with regard to defining the DTC target offender population. In addition to targeting offenders with serious addictions to illicit use of scheduled

[21] For example, the ten key DTC components established by the United States Department of Justice and the National Association of Drug Court Professionals also emphasize the importance of: providing a continuum of treatment and rehabilitative services (Key Component #4); integrating treatment services with justice system case processing (Key Component #1); using a non-adversarial approach and protecting participant's rights while promoting public safety (Key Component #2); using a coordinated strategy to govern court responses to compliance (Key Component #6); frequently monitoring abstinence through drug and alcohol testing (Key Component #5); forging partnerships among drug courts, public agencies, and community-based organizations to generate local support for drug courts and enhance their effectiveness (Key Component #10); and ensuring that participants have ongoing judicial interaction (Key Component #7) (BJA, 2004).

drugs, the Working Group recommended that DTCs target offenders who have been identified as a risk to re-offend.

The eligibility criteria and process used by DTCs follow many of the best practices:

- The criteria consider objective factors. Even if the eligibility criteria differ across DTCs, they have several similarities, such as requiring the offence to be non-violent and non-gang related, and the crime must be motivated by the drug addiction.[22] DTCs require that the offence cannot have been committed for commercial gain or involve youth. More subjective eligibility criteria, such as the perception of the offender's willingness to change and his readiness for treatment, do not explicitly appear to be used by most DTCs.
- Once offenders are deemed eligible based upon the criteria noted above, they usually undergo an assessment to determine their suitability for the program. Most DTCs conduct risk assessments using validated risk assessment tools that are either commonly used (Winnipeg, Edmonton) or have been developed for use by correctional services in their province and subsequently validated (Regina and Vancouver). Only one DTC does not conduct risk assessments (Toronto). Risk assessments are detailed in Section 4.2.3.
- Based on available risk assessment data, DTCs are primarily admitting participants at high risk to re-offend. Although risk assessment information was not available for all clients who participated in a DTC during the evaluation period, available risk ratings indicate that at intake, the majority of DTC participants are rated as high risk to re-offend, with some participants receiving a medium risk rating. Only a few participants were assessed to be low risk.

The *Safe Streets and Communities Act* creates mandatory minimum penalties for serious drug offences and allows courts to delay sentencing of drug-addicted offenders who attend provincially approved and court-supervised treatment programs (see also Section 4.1.1). Some DTCs believe that more lower-risk clients may apply to the DTCs.

Some DTC representatives did not have concerns with admitting lower-risk clients and believe that the DTC admission criteria should be more flexible (14%). They reported that admitting lower-risk clients could be better for the participants and/or the program generally.

- The available resources of the DTC are thought to be insufficient to support the higher need/higher risk client group, which sets the program up for failure. This concern has been noted in the literature, and the NADCP has warned that drug courts that cannot provide

[22] As discussed in Section 2.2, each DTC can establish its own eligibility criteria.

adequate levels of care should consider adjusting eligibility; however, this recommendation is based on a determination that the level of care provided is inadequate based on available research (NADCP, 2013, p. 41).

- DTCs benefit from including both higher- and lower-risk individuals; those who enter the program in a more stable position act as role models for less stable participants and make groups easier to manage. Participants learn a lot from other participants, so, to the extent that those offenders assigned a high risk of recidivism are also less stable, DTCs can benefit by including a balance in participants assigned both higher- and lower-risk designations upon entry. This suggestion, however, is contrary to the best practices literature, which states that DTCs should not mix participants from different risk levels, but should instead provide alternative tracks (NADCP, 2013, p. 5). Low-risk offenders may learn antisocial attitudes and behaviours from associating with high-risk offenders, which can make their outcomes worse (Lowenjamp & Latessa, 2004; McCord, 2003; Petrosino et al., 2000).

Generally, survey respondents believe that admission criteria and the screening process are appropriate (77% and 69%, respectively). The main issue with admissions, from the perspective of some survey respondents (37%), is the lack of capacity to handle more participants given current resources. Conversely, 45% of respondents believe their DTC could handle more clients.

Program reach

The best practices literature points to the importance of DTCs to reach historically disadvantaged groups (NADCP, 2013, p. 11). The DTCFP acknowledges this by having as one of its objectives to promote and strengthen the use of alternatives to incarceration (with a particular focus on youth, Aboriginal men and women, and street prostitutes).

Survey results indicate that DTCs are experiencing some difficulties reaching these intended target groups, in particular Aboriginal men and women, women generally, street prostitutes and youth (see Table 6). Respondents who believe there are difficulties attracting certain groups provided suggestions for how DTCs can expand their reach: place more effort in increasing awareness of the DTC among lawyers, probation, and not-for-profits that work with the groups; offer specific incentives to attract women, such as child care and housing; increase the range of programming options that are targeted to these groups; collaborate with key stakeholders, such as Aboriginal advocacy groups; and prioritize these targeted groups in the DTC's waitlist.

Table 6: Difficulties Attracting Target Groups

Q13: Are you experiencing difficulties attracting any specific target groups?	
	(n=54)
No/None	17%
Aboriginal men and women	28%
Women	28%
Street prostitutes/sexually exploited by prostitution	20%
Youth (aged 18-24)	19%
Minorities (racialized men, women, youth)	6%
Retention is bigger issue	4%
Gay/lesbian/bi-sexual/transgendered	2%
Treatment in French	2%
Other	4%
Don't know	17%
No response	6%

Source: Survey of DTC stakeholders and staff
Note: Respondents could provide more than one answer; total sums to more than 100%.

Administrative data from DTCIS confirm some of these difficulties, although the findings are inconclusive, as data on the number of potentially eligible youth, Aboriginal peoples, street prostitutes, or even women generally are not available. However, a comparison across DTCs as well as with the 2009 evaluation results provides support for the conclusion that the DTCs continue to struggle to reach these marginalized groups.

- The average age of participants was over 30 years old. Winnipeg has the most success reaching youth with 32% of participants in the 18 to 24 age category. When compared to the 2009 evaluation, Regina shows improvement in reaching youth, going from approximately 30% of participants being under 30 to 49% being between the ages of 18 to 30 (of those 23% are 18-24 years of age). Edmonton has seen a decline in the targeted 18 to 24 age group since the 2009 evaluation, going from 27% to 15%.
- Caucasians represent the majority of participants in four of the five sites that submit data to DTCIS. Regina has attracted the highest proportion of Aboriginal and Métis participants (58%), and Toronto has the most participants who are black or other visible minorities (22%).
- Men constitute approximately two-thirds to three-quarters of participants depending on the DTC, which is similar to the 2009 evaluation results. Edmonton shows the greatest change, with the proportion of male participants increasing from 49% to 66% of participants.

Table 7: Participant Characteristics (2009-10 to 2013-14)

Overall number of participants	Edmonton	Ottawa	Regina	Toronto	Winnipeg	Overall
	165	162	169	332	190	1018
Gender (% M/F)	66/35	66/35	66/34	74/26	62/38	68/32
Age						
18–24	15%	10%	23%	6%	32%	16%
25–30	33%	29%	26%	17%	32%	26%
31–35	18%	15%	17%	15%	16%	16%
36–40	13%	17%	12%	22%	7%	15%
41–45	14%	12%	11%	15%	7%	12%
46–50	5%	12%	8%	16%	5%	10%
50+	2%	6%	4%	10%	2%	5%
Mean age	33	35	33	39	30	34
Median age	31	34	31	39	27	33
Ethnicity						
Caucasian	60%	85%	38%	54%	65%	59%
Aboriginal	18%	7%	52%	3%	21%	17%
Other visible minorities	8%	2%	2%	11%	2%	6%
Black	1%	4%	1%	11%	--	5%
Métis	10%	1%	7%	<1%	5%	4%
Unknown	3%	1%	1%	21%	8%	9%

Source: DTCIS data.
Note: Percentages may not sum to 100% due to rounding.

4.2.3. Treatment Component

Best practices related to the provision of treatment in a DTC program highlight the importance of evidence-based care; offering participants a continuum of treatment services; tailoring services to address particular needs related to gender, ethnicity and mental health; and providing some sort of continuing care post program. Best practice literature also makes recommendations concerning appropriate length of DTC programs and appropriate frequency of treatment. This section discusses each of these aspects of the DTCs' treatment components.

Evidence-based practice

Best practice sources highlight the importance of ensuring evidence-based care for DTC participants. This involves using standardized assessment tools to appropriately align care to participants' needs, as well as ensuring that selected treatment approaches are supported by evidence demonstrating their effectiveness, both for the level and type of addiction they are being

used to treat, and for the age, race and sex of the individual receiving treatment (BJA, 2004; NADCP, 2013).

The Risk-Need-Responsivity (RNR) model[23] is an evidence-based approach for aligning DTC treatment with participants' needs. Studies indicate that adherence to RNR principles is associated with greater reductions in recidivism as well as an increased effectiveness of drug courts (Andrews & Dowden, 2007; Bonta et al., 2010; Gutierrez & Bourgon, 2009; Gutierrez, 2012; Somers, Rezansoff, & Moniruzzaman, 2013). As such, RNR is considered a best practice in DTC design.

RNR has three core principles:

1. the "risk principle", which involves matching the level of service provided to offenders to their risk to re-offend;

2. the "need principle", which involves assessing offenders' criminogenic needs and targeting them during treatment; and

3. the "responsivity principle", which involves tailoring cognitive-behavioural interventions to offenders' particular learning styles, motivations, abilities and strengths (in order to maximize their ability to learn from the intervention) (Bonta & Andrews, 2007).

Therefore, RNR involves using an analysis of offenders' risk to re-offend to guide the selection of interventions; according to RNR principles, the type and intensity of services provided to offenders should be dictated by their risk level, their criminogenic characteristics (i.e., their specific needs related to their criminal behaviour), and other personal characteristics (Gutierrez, 2012).

There is evidence of adherence to the RNR principles among the DTCs — although the RNR-related processes used by each DTC and the extent to which the DTCs carry out RNR vary. Internal documents indicate that most DTCs, with the exception of Toronto, do some form of risk assessment on their clients. The tools and processes used by each DTC (except Toronto) are described briefly below. All tools described adhere to the principles of RNR and have been validated.

[23] The RNR model was first formalized in 1990. It has since been described as one of the most influential models for assessing and treating offenders (Somers, Rezansoff, & Moniruzzaman, 2013).

Table 8: DTC Risk to Re-offend Assessment Tools

DTC	Tool	Description
Edmonton	Level of Service Inventory — Revised: Screening Version (LSI-R-SV) and Service Planning Instrument (SPIn)	The LSI-R-SV is used to predict violent recidivism and probation violations as well as institutional misconduct among incarcerated offenders. The LSI-R-SV produces a complete summary of dynamic risk areas in various areas (including criminal history, employment, family/marital issues, companions, alcohol/drug dependence, emotional/personal issues, and attitude/orientation) that may require further assessment and possibly intervention. The LSI-R-SV is able to predict violent recidivism and violations among probation samples while under community supervision, and institutional misconduct among incarcerated offenders (MHS, 2014). The SPIn is an assessment and case planning tool designed for use "in adult probation, parole, and other correctional settings where there is a requirement to assess risk of recidivism and identify service needs" (Orbis Partners Inc., 2014, p. 1). It is used for assessing risk, need, and protective factors, and results are intended to be used in the development of case plans (Orbis Partners Inc., 2014).
Ottawa	Level of Service Inventory Ontario Revised (LSI-OR)	The LSI-OR was developed because Ontario wanted a common risk/need assessment tool for institutional and community correctional workers to support continuity of care (Girard & Wormith, 2004). The tool covers eight general risk/need subscales related to criminal history, education/employment, family/marital, leisure/recreation, companions, substance abuse, pro-criminal attitudes, and antisocial pattern, as well as two specific risk/need subscales related to personal problems with criminogenic potential and history of perpetration. The tool also provides a mechanism for including professional discretion through a clinical override, which can be used when the clinician's professional assessment differs from the results of the tool. Studies have found the tool to be reliable and to have predictive validity with both probationers and incarcerated inmates (with greater predictive validity with the latter group) (Girard & Wormith, 2004).
Regina	Saskatchewan Primary Risk Assessment Tool (SPRA)	The SPRA examines risk factors predictive of criminal recidivism including criminal history, residence stability, education/employment, financial situation, family/marital relationships, peers, substance use, pro-criminal attitude, antisocial behaviour, and self-management awareness. It also measures the probability of recidivism (Government of Saskatchewan, 2012). Research has found "strong and significant correlations…between recidivism variables and the SPRA score" (Patrick, Wormith, & Orton, 2013, p. 7).
Toronto	Not used	N/A
Vancouver	Corrections Risk-Needs Assessment (CRNA) (formerly called the Community Risk-Needs Assessment)	The tool evaluates where participants fall on a risk scale, by looking at both static (i.e., unchanging) risk factors (e.g., prior assault convictions) and dynamic factors related to needs (housing, employment, relationships, substance abuse, etc.). A community peer review process conducted in 2005 found that the CRNA tool used by the Vancouver DTC is effective at predicting the general risk of re-offending (British Columbia Ministry of Public Safety and Solicitor General, 2010). Risk assessments are conducted by probation officers, who share the results of the risk assessment analysis with the care team. Risk assessment information is used to develop a case management plan for each participant, which matches supports and supervision to the participant's CRNA score.
Winnipeg	Level of Service/Case Management Inventory (LS/CMI)	This tool measures the risk and need factors of late adolescent and adult offenders, and it is intended for use in treatment planning and client management (MHS, 2014). Through these risk assessments, a risk/need profile for each participant is developed and each participant is assigned a risk level. Completed LS/CMI risk assessment forms outline specific risk factors for each participant (family history, history of assault, mental health issues, personal problems with criminogenic potential, pro-criminal attitudes, antisocial behaviours, prison experiences, etc.) and identify special responsivity considerations (recommends treatment options/foci to address specific risk factors/needs — for example, counselling that addresses childhood victimization). The LS/CMI is a validated tool that has been shown by many studies to have strong predictive validity concerning recidivism (Andrews, Bonta, & Wormith, 2006; Campbell, French, & Gendreau, 2009; Guay, 2012; Manchak, Skeem, Douglas, & Siranosian, 2009; Rettinger & Andrews, 2010).

Even though the risk assessments conducted by some DTCs factor directly into treatment planning, this is not the case for all DTCs. For example, formal risk assessments are not used in the development of treatment plans in the Winnipeg or Toronto DTCs. In Winnipeg, risk assessments are conducted by the probation officer, and the results are used primarily for evaluation rather than treatment purposes; counsellors do not make use of the risk assessments in selecting and recommending treatment interventions for participants. In Toronto, the DTC program does not conduct risk assessments, but bases the selection of interventions more informally on consideration of a number of factors related to risk to re-offend, including participants' current record, charges and patterns of violence. In contrast, Vancouver uses risk assessment results in developing treatment plans and keeps the results in participants' files.

As some studies have shown that full adherence to all three RNR principles is associated with the greatest reductions in recidivism (compared to if only one or two principles are followed) (Andrews & Dowden, 2007; Gutierrez, 2012), it may be worth considering how DTCs can make greater use of risk assessments to aid in the "responsivity" aspect of the RNR model. According to Gutierrez (2012), to increase adherence to RNR, DTCs, in general, should begin by making greater use of validated risk assessment tools to assist in identifying treatment targets (beyond those solely related to substance abuse) and matching services to offenders' needs. Marlowe (2012) believes that the assessment of prognostic risk and criminogenic needs should be completed before the requirements of the program are determined. He also mentioned that when the assessments are performed by different evaluators or agencies (i.e., probation officers and treatment clinical officers), the results of the assessments should be combined so that each participant can be assigned to the appropriate level for treatment and supervision.

Evaluation results also may be pointing to a potential opportunity for increasing adherence to, and realizing greater benefits from, RNR through provision of RNR-specific training. Given that very few survey respondents identified RNR as a method for ensuring appropriate treatment for participants (see Table 9 below), and given the inconsistent or impartial application of RNR principles in some DTCs, it may be that detailed knowledge of RNR and its benefits is lacking among DTC stakeholders. In a 2010 study of an RNR-based training program for probation officers, Bonta et al. (2010) found that training DTC staff in evidence-based principles of the RNR model improves both adherence to RNR and the extent to which its positive effects are realized.

Use of risk assessment tools, however, is not the only example of DTCs' incorporation of evidence-based practice. In addition to performing risk assessments on clients, the Edmonton, Ottawa and Toronto DTCs use a number of other assessment tools to assist in predicting treatment compliance and outcomes and developing treatment plans appropriate to individual participants'

needs. Many of these addiction-related assessment and treatment planning tools used by the DTCs (including the Addictions Severity Index [ASI], Global Assessment of Functioning, Stages Of Change Readiness and Treatment Eagerness Scale, Behaviour and Symptom Identification Scale [BASIS-32], Drug History Questionnaire, Drug Taking Confidence Questionnaire, Treatment Entry Questionnaire, Alcohol Dependence Scale [ADS], and Drug Abuse Screening Test [DAST]) are verified, in the sense that they are recognized by the University of Washington's Alcohol and Drug Abuse Institute (ADAI), and are listed in the ADAI Library[24]. Furthermore, ASI, BASIS-32, DAST and ADS are identified by the ADAI Library as widely used measures with proven reliability and validity (University of Washington, 2014b).

Survey results provide additional evidence of the DTCs' efforts to use an evidence-based approach to assess treatment needs and tailor treatment to the individual needs of participants. When asked how the DTCs ensure that treatment is appropriate for participants' needs, most respondents identified practices related to the development of individualized treatment plans and the administration of evidence-based risk and/or needs assessments. The development of culturally appropriate treatment (discussed in greater detail below) was also a commonly mentioned practice for ensuring appropriate treatment (see Table 9).

Table 9: Appropriateness of Treatment for Participants' Needs

Q29: How do you ensure that treatment is appropriate for participants' needs?	
	(n=19)
Individualized treatment plans	37%
Evidence-based risk/needs assessment	32%
Culturally appropriate treatment	21%
Health care provider available	16%
Frequent review of treatment plans	11%
Access to mental health assessments/screen for mental health	11%
Learning styles accounted for (visual, auditory)	11%
Treatment plan to address full scope of issues (immigration, health, income)	11%
Incorporate client input (they sign contract)	5%
Use RNR model	5%
Use RNR's principles (but not use specific model)	5%
Treatment based on behaviour therapy	5%
Other	21%

[24] The University of Washington's Alcohol and Drug Abuse Institute (ADAI) is a multidisciplinary research centre that supports and facilitates research and the dissemination of research related to drug and alcohol abuse. The ADAI Library maintains a comprehensive database of substance use screening and assessment instruments, and is a source of expertise on the availability and use of these instruments (University of Washington, 2014a).

Q29: How do you ensure that treatment is appropriate for participants' needs?	
	(n=19)
No opinion/don't know	11%
No response	21%

Source: Survey of DTC stakeholders and staff
Note: Respondents could provide more than one answer; total sums to more than 100%.

Continuum of care, with a variety of treatment options

Best practices literature recommends that DTCs offer a continuum of care that includes a variety of treatment and rehabilitation services (detox programs, residential treatment, sober living day treatment, intensive outpatient treatment, etc.) (NADCP, 2013). The continuum of care concept involves providing an integrated system of care that "guides and tracks patients over time through a comprehensive array of health services spanning all levels of intensity of care" (HIMSS, 2014, p. 1); therefore, satisfying this best practice involves both providing DTC clients with extended care over a period of time, and assisting clients in navigating "the system" in order to meet their full spectrum of needs. This best practice is in accordance with the RNR model in its emphasis on matching service provision to individual needs.

Evaluation results indicate that DTCs are providing a continuum of care in terms of serving clients over a period of time, guiding them through a comprehensive and individualized treatment plan, and providing and/or referring clients to a variety of treatment and rehabilitation services. All DTC programs guide clients through a series of stages. Although the stages vary somewhat among DTCs, typically these stages include assessment, orientation/stabilization, intensive treatment, maintenance, and continuing care/reintegration. In addition, although approaches to treatment provision vary (with some sites providing most services in house and others referring clients almost entirely to other treatment organizations), all DTCs provide services that go beyond substance abuse treatment to address a wide range of needs. All DTCs provide both group and individual counselling and either provide directly or refer clients to a wide range of additional services as necessary — including residential or day addictions treatment programs; secure housing, recovery homes, and supervised residences; courses on criminal and/or addictive thinking, parenting courses, literacy courses; continuing education; training and employment services; withdrawal management services, including methadone treatment; mental, physical and dental health services; stabilization groups that deal with anger management or post-traumatic stress; and cultural resources and culturally appropriate treatment services. In addition, some DTCs assist clients in meeting needs for transportation (through provision of bus tickets), food (through

provision of vouchers or meals), and physical activity (through provision of gym memberships), and provide opportunities for pro-social activities, such as sports and meditation.

During case studies, interview participants — including graduates and clients from all four DTCs — generally expressed satisfaction about the phases of treatment and various types of treatment activities offered by the DTCs. In particular, case study participants mentioned benefitting from a variety of program elements, including the group and individual counselling sessions, training on criminal and addictive thinking, and requirements to attend community supports. According to one graduate, the DTC program deals with "all aspects of addiction — the physical, the mental, the emotional, [and] the social".

Meeting the needs of DTC target populations

In addition to providing a variety of treatment options for all participants, best practices note the importance of providing relevant treatment based on ethnicity, age, gender, mental health, and other participant characteristics (BJA, 2004). This is in line with recommendations to ensure that treatment is more responsive to participants' needs and, therefore, more effective.

Evaluation results are mixed when it comes to meeting the needs of the DTC target populations. As discussed in Section 4.2.2, the DTCs have experienced difficulties reaching their target groups and, as will be discussed in Section 4.3.1, a much lower proportion of Aboriginal, Métis, Black and other visible minority participants successfully complete the program than Caucasian participants.

Survey respondents and case study interviews indicate that, in general, the DTCs are meeting the needs of their target populations with respect to age, gender, Aboriginal ancestry, mental health and physical needs. The majority of survey respondents agreed that the DTCs adequately tailor programming and treatment considering gender (88%), physical health status (86%), mental health status (79%), and age (75%), and that they provide programming designed to meet the needs of Aboriginal men and women (62%). Case study participants generally supported the survey findings on the responsiveness of the DTCs to certain key target groups — particularly with regard to women and Aboriginal participants.

The subsections below discuss the case study findings.

Women

Almost all women interviewed across the four DTCs indicated having participated in some form of women-specific treatment activities and noted that there is a continued need for these types of supports. Additionally, men reported that gender-specific programming, mainly in the form of group sessions, was available to them as well.

Examples of women-only activities identified by case study participants include group therapy and the ability to interact with a female counsellor to discuss sensitive issues. Many of the women across DTCs recognized the need for women-only treatment activities, especially when participating in group therapy. Many of them indicated that some gender separation was required to provide a level of comfort for women who may not want to discuss particular issues with their male counterparts. Specifically, a few reported that they felt more "comfortable" and "safe" to discuss certain issues with other women — particularly relationships, involvement in prostitution, and sexual abuse/assault.

The importance of and need for gender separation, specifically in group discussions, was also echoed by some men. Like the women, some men reported that gender-specific groups are helpful because there can be some discomfort when discussing certain issues in a co-ed group setting — specifically, issues relating to drug use and sex. A few men also mentioned that gender-specific groups were especially necessary for women, as they are faced with particular issues that they may not feel comfortable discussing in mixed groups.

Aboriginals

Participants from all four case study sites indicated that Aboriginal-specific programming was available. Almost all Aboriginal case study participants had access to and participated in Aboriginal-specific programming. In addition, many non-Aboriginal case study participants also took part in Aboriginal-specific activities.

Most case study participants from two sites, including all Aboriginal case study participants, knew of or participated in Aboriginal-specific treatment activities. Aboriginal-specific treatment elements identified by case study participants included incorporating "traditional" group sessions into regular DTC programming, providing lessons on Aboriginal culture, using sharing circles, bringing Elders in on a regular basis to teach clients about Aboriginal history and tradition,

allowing clients to "smudge" in designated healing rooms, and allowing participants to take part in cultural practices such as Sundance, sweats, chants or tipi teachings.

Some non-Aboriginal case study participants expressed interest in Aboriginal-specific programming and reported that they benefited from participating in these types of activities — specifically by learning about an unknown culture and applying teachings to their own personal experiences. On the other hand, a few participants expressed concerns regarding what they considered to be "forced" participation in Aboriginal-specific treatment activities. Specifically, case study participants mentioned that some DTC clients do not agree with Aboriginal teachings and values or feel uncomfortable with participating in unfamiliar activities such as spiritual teachings, smudging or chanting. One participant felt that the emphasis on Aboriginal activities excludes the cultures of other DTC clients.

Gaps in treatment programming

Case study participants and survey respondents identified few gaps in programming. Survey respondents were less certain about DTC responsiveness to the needs of other visible minorities or new immigrants; less than half of survey respondents agreed that DTCs provide programming designed to meet the needs of other visible minorities, and less than one-third agreed that they provide programming designed to meet the needs of new immigrants. When asked to give suggestions on how DTCs can better serve the needs of target populations, some survey respondents suggested offering more tailored programming (12%), addressing accessibility issues (in particular by offering more French services, after hours services, and child care supports [12%]), and increasing staff and resources (11%).

Some case study participants mentioned that having more counsellors would allow DTC clients to spend more time with participants and "go more in-depth" with them, and more funding would help DTCs reduce waiting lists for certain services, provide more transitional housing for clients, and allow DTCs to accept more clients into the program. Like survey respondents, a few case study participants mentioned that having after hours services (e.g., a telephone number to call after hours if they are struggling) would be beneficial. Other suggestions offered by participants for improving treatment services include reducing group sizes, separating program tracks so that clients who have been in the program longer do not have to repeat material in group sessions when new clients are accepted into the DTC, and increasing the involvement of alumni and others with "lived experience" to more effectively "reach" clients. It should be noted, however, that many case study participants from all four DTCs — representing current clients, graduates and non-completers — said that the DTC programs operate well, and that they would not change anything about them.

Duration and frequency of treatment

Best practices offer some guidance on appropriate length of time in the program and frequency of individual counselling sessions. Even though best practice sources vary somewhat in their recommendations about program duration and identify the importance of maintaining some flexibility in "dosing" guidelines, studies have indicated better outcomes for participants who take more than eight months and less than 16 months to complete the program (NADCP, 2013).

DTCIS data shows that, while some DTC participants have taken less than eight months or more than 16 months to complete the program, the median length of time that participants have spent in the program prior to graduating is around 14 months (see Table 10).[25]

Table 10: Length of Time in Program (in Days)

	Graduated (n=239)	Did not complete program (n=655)
Mean	505	352
Median	441	223
Standard deviation	224	364
Minimum	51	1
Maximum	1449	1914

Source: DTCIS

As to counselling frequency, the National Association of Drug Court Professionals recommends that case managers or treatment providers meet with DTC clients for individual sessions at least once a week in the early phases of the program (NADCP, 2013).

Post DTC: Continuing care

Providing continuing care is identified as a best practice for DTCs. Continuing care can be provided in a variety of ways, including through relapse prevention, the development of a continuing care plan, connecting clients to peer or community support groups, and/or providing some form of aftercare (NADCP, 2013).

All DTCs offer some type of continuing care in the form of training clients for relapse prevention, developing a continuing care plan with clients, and/or connecting clients to a peer support group or other community supports. Currently, only Toronto offers a formal aftercare program; however, Edmonton has an alumni group in which graduates can participate, and case study participants

[25] The DTCIS results should be interpreted with caution, given the very large standard deviation.

mentioned plans in place for the development of an alumni group in Winnipeg. In addition, in Winnipeg, Vancouver and Ottawa, graduates are welcome to return to the DTC centre and meet with their case managers or counsellors and take part in individual counselling sessions if they require support after the program. In Ottawa, graduates can also attend a relapse prevention group which meets weekly for a period of approximately four to five months.

Evaluation results, however, indicate potential room for improvement in the provision of continuing care or aftercare services; survey respondents and case study participants expressed concern about lack of and need for aftercare services. Almost one-third of survey respondents (32%) identified aftercare or continuing contact with participants as a factor that would make it more likely for DTCs to achieve their goal of reducing criminal recidivism post program.

4.2.4. Court Component

Regarding the court component of DTC operation, best practice sources recommend that DTCs administer fair, predictable and consistent consequences in response to participants' behaviour, and that consequences should be administered "in accordance with evidence-based principles of effective behaviour modification" (NADCP, 2013, p. 26). More specifically, in terms of predictability, consistency and fairness, the DTC process should:

- provide participants with advance notice of which behaviours will cause a sanction or incentive, and communicate policies and procedures to participants;
- respond with equivalent consequences for participants at the same phase who engage in comparable conduct; and
- allow participants an opportunity to explain their behaviours (NADCP, 2013).

Structure of court process

In accordance with best practices, the court component provides structure to DTC programming. Although certain elements of this component vary among DTC sites as part of DTC bail conditions, the court process for all sites generally requires DTC clients to attend scheduled court appearances

(which vary in frequency across the sites), submit to random urine screens, and attend treatment. Other court conditions include curfew, boundaries or association restrictions.[26]

Evaluation results indicate that the court process is generally working well. Survey respondents were generally positive about the intensity, appropriateness and stringency of the court process — with the majority of participants strongly agreeing that the regularity and number of court appearances are sufficiently intensive (71%) and bail conditions are appropriate (51%). Case study participants generally agreed that the regular court appearances were helpful in keeping them on track toward program completion. Some noted the importance of, and expressed appreciation for, the court's role in holding them accountable for their actions.

Although the majority of survey respondents agreed that the policy toward relapses is appropriate — neither too stringent (85%) nor too lax (76%), respondents were somewhat less certain about this aspect of the court component; while the majority of respondents strongly agreed about the appropriateness of most court components, less than half strongly agreed that the approach toward relapses is not too lax (47%). Case study participants were also somewhat divided about the leniency of the DTCs with regard to relapses — with some appreciating the "second chance" offered, and some feeling that more should be expected of DTC clients. (The quotes below provide examples of these perspectives.)

> *They always treated me fairly. They gave me quite a few breaks actually. They were very understanding. I should have gone to jail a couple of times but they let me out. I learned from my mistakes. They let me learn from what I'd done wrong. (Graduate)*

> *In court, they give you a clap and tell you to keep trying. I could stand there and lie to you all you want and still get away with it. But no should mean no, three strikes and you're out. People come up with excuses whenever they're late or if they used. There should be three warnings and you're gone. This place should be tougher. Don't mess around, don't lie, be on time. (Non-completer)*

Most survey respondents did not offer an opinion on how to improve the court component, but those who did suggested loosening certain requirements, such as curfews or when clients can begin

[26] Frequency of court appearances varies. Toronto and Ottawa initially require participants to attend court twice a week, which is reduced over time to once a week and then (in Toronto) to once every two weeks. Vancouver, Edmonton, Winnipeg and Regina initially require weekly court attendance, which can be reduced as a reward for progress in the program. Length of court sessions also varies across the sites.

working during the program (n=4), requiring more frequent or longer court appearances (n=3), or offering a greater variety of rewards and sanctions (n=3).

Communication of policies and procedures

Some, but not all, DTCs have detailed participant manuals or policy documents that outline the court process, expectations and consequences. As mentioned in Section 4.2.1, some DTCs are in the process of updating or developing policies and procedures manuals. As communicating policies and procedures (including court expectations and the range of court responses) in advance to clients has been associated with improved outcomes (NADCP, 2013), this would most likely be a valuable exercise for all DTCs — particularly considering that a few case study participants raised some concerns about the court decision-making process (especially with regard to decisions about sanctions and loss of privileges). In particular, these participants said they were not provided with appropriate information as to what was being shared during the pre-court meetings, were not properly informed of the basis on which decisions were being made, and were not able to properly defend themselves in court.

Behavioural responses: use of rewards and sanctions

All DTCs make use of sanctions and rewards to respond to and modify participants' behaviours. For the most part, these are useful and effective, although evaluation results indicate some potential for improvement with regard to consistent use of sanctions.

Rewards

All DTCs present rewards to participants during scheduled court appearances for achieving clean screens and making progress in treatment. These rewards commonly include praise from the judge, gift cards to places where participants can purchase food and other necessities, curfew extensions, and reduced requirements for court appearances.

The majority of survey respondents agreed (55% strongly agreed, and an additional 26% somewhat agreed) that rewards are used when they should be. In addition, case study participants generally indicated that rewards are helpful in their treatment. Many participants mentioned that receiving a reward yielded a positive impact — noting that rewards are an important motivating factor in their treatment and that the fact of receiving rewards gives clients a sense of pride and confidence.

> *I got rewards three times. I got a movie pass, a Tim Hortons' card, and a Loblaws' card. It makes you feel proud. Your esteem would get up. You wouldn't feel guilty,*

> *you're doing well. When you see other people getting them for being clean, you tell yourself that this is a goal you're setting. You see light at the end of the tunnel, it's worth the sacrifice. (Non-completer)*

Most case study participants appreciated the positive feedback from the judge during court.

> *I definitely liked being praised by the judge. It felt good to slowly hear my name getting closer to the top of the list. It was good and necessary and sometimes stressful. It was a little annoying when the judge would confuse things or be a week behind. He was happy to see us do well and tell us how it is if we're not. (Graduate)*

In addition, a few case study participants mentioned that rewards, mainly gift cards, also had positive financial gains for some clients, noting that it allows them to buy items that they could not normally afford and helps clients who are unemployed with limited sources of income.

Sanctions

In addition to rewards, all DTCs make use of sanctions as a response to clients' behaviour. Sanctions are commonly assigned for reasons such as unreported drug use, breach of curfew, as well as missed treatment sessions, urine tests, or court appearances. Common sanctions include assigning community service hours and sending clients to remand.

Case study results indicate that, in general, sanctions are a useful component of the DTC court process. Many case study participants reported that sanctions had a positive impact, noting that they were effective as a corrective measure to deter behaviour that contravenes program rules. Specifically, sanctions motivated them to avoid repeating the same offence and kept them accountable.

> *I was sanctioned two to three times. I spent a night in jail. I did a few hours of community service. Once I failed a drug test, and they thought I lied to them. I might've also missed a meeting. It was a negative experience in the beginning. You'd spend a night in jail, it was just one night. But then you'd smarten up. Most of the time, I was wrong. I put it in perspective. It becomes a positive — you don't want to do that again. I was more willing to stay with the program. It motivated me. (Non-completer)*

> *I got sanctioned once for dishonesty on a urine screen. I had to report the day before my test. I told the therapists, but they must report to court. They put me in*

> *jail for two days. It was a positive experience. I learned from it. I put myself in that situation. I wouldn't let anything happen twice. It helped me. I didn't want to let it happen again. (Graduate)*

In addition, some case study participants identified that certain sanctions produced side benefits for clients, such as connecting them with social support networks or allowing them to gain relevant work experience.

> *Getting sanctioned actually had a positive effect on me because I did community service at the food bank and I was able to stay involved with them afterwards, doing a lot of their building renovations and maintenance work. The experience I got from that helped me a lot. I was able to get my career on track, learned a lot, and got me back in the groove. (Graduate)*

Evaluation results, however, indicate room for improvement regarding the consistent and appropriate use of sanctions. Survey respondents seemed to be less certain about the appropriate use of sanctions, compared to other program elements, as less than half (42%) strongly agreed that sanctions are used when they should be. Case study participants also raised some concerns about the degree to which sanctions are used fairly and consistently. Some case study participants reported discrepancies in the severity of sanctions imposed (particularly with regard to drug use), and identified a need for greater consistency in the program's response to sanctionable behaviour. These participants noted that the program's response is not always the same for all clients, as some individuals may receive more lenient penalties than others for the same action. According to some, this can have negative repercussions on the attitude of other clients, as they may adopt similar behaviour and expect lighter sanctions. Moreover, a few others indicated that some clients are continually punished for sanctionable behaviour yet are never discharged from the program.

A few participants noted that it was, at times, difficult to secure community services hours with local agencies and organizations because openings were limited. This situation sometimes resulted in them receiving additional sanctions because they were unable to complete all of the required hours.

However, although case study participants raised some concerns about the fairness of the process for determining sanctions, it should be noted that almost all participants felt that they were treated fairly and with respect by judges. Case study participants frequently mentioned that DTC judges follow set rules while taking each participant's unique situation into consideration, listen and allow participants the opportunity to explain their situation, and do not show favouritism.

4.2.5. Housing Gap

The 2009 Summative Evaluation of the DTCFP identified housing as a gap and made a recommendation that "the DTCFP should continue to include housing as an integral part of the program" (Department of Justice Canada, 2009). During the current evaluation period, the DTCFP continued to work with Human Resources and Skills Development Canada on housing pilot projects for DTC locations. Funding for the Toronto pilot was extended until 2010, and two new housing pilots (Winnipeg and Regina) were undertaken. Although both new pilots were successful (see Table 11), only one project (Regina) was able to continue with provincial funding, and its funding is allocated for short time periods (a month or two at a time but as of November 2014, Saskatchewan Justice has committed funding until 2017). As the experience of these pilot projects indicates, sustainability of housing for DTC clients remains an issue. This is reflected in survey results, which show that DTC stakeholders continue to consider housing a gap.

Table 11: Evaluation Results for Winnipeg and Regina Housing Pilot Projects

Description of pilot projects	Evaluation findings
Winnipeg	
The Winnipeg DTC Housing Supports program aimed to provide suitable housing and housing supports for Winnipeg DTC participants upon admission —– and, in doing so, contributed to successful rehabilitation. The program involved: • hiring of a full-time housing support worker to assess participants' housing needs, work with community agencies that provide housing services, and help participants find and maintain suitable accommodation; • funding of a transitional house for DTC clients facing housing crises or deteriorating housing situations, or those released from custody without a place to stay; and • hiring of house mentors to look after the transitional house and provide support to clients living there.	Two key findings from the evaluation demonstrated the success of the program in improving retention and its cost effectiveness: • Compared to a comparison group,[27] clients who attended the transition house were 7% less likely to be discharged from the Winnipeg DTC program. • The transition house per diem rate of $48 is less than the per diem rate of federal custody (estimated at $288 – $588), provincial custody (estimated at $174), and intensive residential addictions treatment[28] ($128–$188).
Regina	
"Kate's Place" was a two-year housing pilot project to support women participating in the Regina DTC. One purpose of the housing project was to determine if	Records of residents' characteristics on intake indicate that the program was reaching target population (those with higher and urgent housing

[27] A comparison group was selected from a pool of 56 Winnipeg DTC clients. Clients in the transition house (n=17) and comparison group (n=15) were matched on demographic variables and criminal risk.

[28] Although the evaluators recognized that service levels are higher in intensive residential addictions treatment facilities.

Description of pilot projects	Evaluation findings
supportive housing could improve women's discharge and graduation rates (which were below men's graduation/completion rates).	needs — e.g., at risk of homelessness, those in risky living situations). The evaluation found that an increase of 30% in women's participation in the Regina DTC had been achieved in September 2012, just five months after Kate's Place was opened. As of February 2013, women comprised 48% of all participants in the Regina DTC. Additionally, Regina achieved its goal of a 10% reduction in women leaving the Regina DTC by February 2013.

Sources: (Smithworks Surveysolutions, 2013; Weinrath, 2014)

4.2.6. Adequacy of Performance Measurement Activities to Support DTCFP Monitoring and Reporting Requirements

Due to issues with completeness and consistency of the data, the DTCIS could not be used to support the 2009 Summative Evaluation. As part of its action plan to respond to the evaluation recommendations, the DTCFP stated that it would "continue to monitor monthly uploads of site DTCIS data to ensure that core performance measures are being captured in a manner that provides comparable performance data over time" and that "DTCIS system modifications shall be made as required".

The DTCIS has been updated during the evaluation period and additional mandatory fields have been developed in order to improve the quantity, quality and consistency of data collection to support monitoring. DTCIS data has supported the development of a series of research reports for each DTC on the performance of DTC participants.

Although the DTCFP has worked to improve the DTCIS, the evaluation found that those who use the database still see room for additional improvements. Respondents who use DTCIS for reporting purposes (n=15) generally found reporting requirements reasonable (60%, or n=9). Of those who access or use the DTCIS (n=24), less than one-third (29% or n=7) considered the information in the DTCIS effective in supporting the DTCs. A similar percentage of respondents thought that the DTCIS captures the necessary information for case management (29%), adequately captures the work of the DTCs (21%), and provides helpful statistics for case management and/or the operations of the DTCs (29%).[29] Given that the DTCIS should be useful

[29] One-third of respondents who reported that they accessed or used DTCIS (n=24) could not address the questions on DTCIS.

to track and understand performance of the DTCs as well as manage its caseload, those using the DTCIS should see utility in the database. The evaluation results show that the DTCIS remains a work in progress.

4.3. Performance — Effectiveness

According to the 2009 Treasury Board *Policy on Evaluation*, evaluating performance involves assessing effectiveness, as well as efficiency and economy. The subsections below discuss the effectiveness of the DTCFP — in other words, the extent to which the Program is achieving its expected outcomes.

4.3.1. Participant-Level Outcomes

Successful retention of participants in the DTCs

Retention is an important measure of success for the program. Studies of DTCs have found that higher retention rates are associated with better outcomes, including lower recidivism (Belenko, 2001 cited in Fulkerson, 2012).

The retention and graduation rate for the five DTCs that input data into the DTCIS was calculated based on the known status of participants in the program as of March 31, 2014 (see Table 12).

Table 12: Status in Program as of March 31, 2014

	Number	Percentage
Applied but not accepted into the program	236	18%
Assessment, interview	80	6%
Treatment	124	9%
Successfully completed the program	239	18%
Did not complete the program	655	49%
Total	1334	100%

Source: DTCIS

The evaluation used the same formula for retention and graduation rates as the 2009 evaluation.

Retention rate = (active participants + graduates) /admissions

Graduation rate = graduates / (graduates + terminations prior to graduation)

Applying these formulae, the results are a retention rate of 36% and a graduation rate of 27%. For the 2009 evaluation, an overall retention/graduation rate could not be determined, but the retention rate ranged from 34% to 55%, and the graduation rate ranged from 6% to 36%.[30] Thus, the retention rate in 2014 is on the low end of the range found in the 2009 evaluation, but the graduation rate is on the high end.

DTCIS data showed no difference in program completion based on gender, as the same proportion (27%) of men and women graduated from the program (see Table 13). A higher proportion of Caucasians graduated (32%) compared to Métis (25%) or other visible minorities (24%). Aboriginal participants had the lowest graduation rate at 15%. These results may indicate that programming could better address cultural differences or that the Aboriginal cohort has higher needs that go beyond the scope of the court.

Table 13: Characteristics of Participants by Success in the Program

	n	Did not complete program	Successfully completed program
Gender			
Male	603	73%	27%
Female	291	73%	27%
Age			
18–24	141	76%	24%
25–30	231	74%	26%
31–35	143	76%	24%
36–40	141	74%	26%
41–45	109	67%	33%
46–50	85	74%	26%
50+	44	61%	39%
Ethnicity			
Caucasian	519	68%	32%
Aboriginal	162	85%	15%
Other visible minorities	49	76%	24%
Black	40	78%	22%
Métis	36	75%	25%
Unknown	88	80%	20%

Source: DTCIS
Note: Percentage may not sum to 100% due to rounding.

[30] The data for program participation covered different time periods for each DTC.

Most participants did not voluntarily leave the program. Failure to follow program guidelines was the primary reason for failure to complete the program. In particular, DTC non-completers most often either breached program guidelines or re-offended. Just over one-quarter (28%) of non-completers dropped out of the program voluntarily. For 26% of non-completers, no reason was specified in DTCIS (see Table 14).

Table 14: Reasons for Participants not Completing the Program (n=655)

	Number	Percentage
Program initiated — failure to follow guidelines		
Breach of program guidelines	110	17%
Re-offend	69	11%
History of non-compliance	42	6%
Lack of participation	33	5%
Inconsistent attendance	26	4%
Outstanding matter	8	1%
Involvement in prostitution	2	<1%
Past program failures	1	<1%
Total — failure to follow guidelines	**291**	**44%**
Program initiated — due to participant characteristics		
Mental health issues	5	1%
High risk of violence	3	1%
Diversion more appropriate	1	<1%
High addiction motivation	1	<1%
Total — participant characteristics	**10**	**2%**
Offender initiated		
Did not return	104	16%
Accused no longer interested	82	12%
Total — offender initiated	**186**	**28%**
Other	**168**	**26%**

Source: DTCIS
Note: Percentage may not sum to 100% due to rounding.

Case study and survey respondents agreed on many of the factors that they believe led to success in the program.

Connection of participant to the DTC team. Survey respondents mentioned this factor most often (n=19). Most graduates and non-completers also reported that the DTC program team — including the judge, counsellor and probation officer — was a "very important" or "important" factor in helping them graduate from or stay in the program.

> *They were the root of the whole thing. Without them working together and with you, it wouldn't have happened. They were very important. (Graduate)*

Appropriate treatment programming. This was the second most often mentioned factor for retention given by survey respondents (n=14). Almost all graduates and non-completers interviewed across the four case study sites reported that addictions treatment and counselling were "very important" or "important" factors that contributed to their graduation or retention in the program.

> *Important. For me, the biggest [skills] that I gained were the treatment skills on dealing with triggers and coping with high stress situations and managing myself and emotions and learning healthy ways to deal with them. But I found some of the skills I had already known, so they were good reminders but I didn't think that everything applied to me. (Graduate)*

Housing. Survey respondents also pointed to meeting participants' housing needs as a factor in retention (n=14). Case study participants confirmed the importance of housing as many of them reported that housing supports were a "very important" or "important" factor in their success.

> *They helped me right away. They gave me something to look forward when I got out of my halfway house. They were awesome about that. That was huge for me. That helped me stay and because I don't have family out here so it gave me a chance. (Graduate)*

When housing is not available, DTC participants may remain in settings that encourage their addictions. A few case study participants reported that they faced some housing issues when first entering the program, specifically in locating safe and proper housing free of drug use.

> *People in the program get stuck in the shelter right away, but that's where they were staying before smoking crack. (Non-completer)*

Education and skills. Although not specifically identified by survey respondents, most graduates and non-completers as well as a few current participants interviewed mentioned that the education and skills they learned while in the program were "important" or "very important" in their graduation or retention in the program.

> *Very important. This was vital. When I entered DTC, [my] education and skills surrounded committing crimes to get the money I needed to get drugs. Although I*

> *got a great deal of education and many skills on the street, in DTC they helped [me] learn that some of the skills were transferrable to a new, supportive, and positive way of life. They helped me understand that I'm not just a criminal or an addict. The life skills courses were important — I never cooked meals, I hadn't kept a budget in years, I never had to schedule anything while I was on the street. I learned to do things on my own. (Graduate)*

Personal supports/motivation. In addition to program supports, two personal issues were considered "important" or "very important" to their graduation or willingness to remain in the program by case study participants. Family was identified as an "important" or "very important" factor for participants, as many reported having family support or having reconnected with family while they were in the program. Some graduates reported that family support was not an important factor, as they either did not have any family or were not in touch with their family.

> *Very important. Going into DTC, I had little to no relationship with my family. They had basically written me off by that point. But when I got out of jail, I was forced to live with them with the ankle bracelet. This was big because I learned how to build that trust again. My counsellor helped me understand that my family isn't going to forgive me overnight. I wouldn't have been able to complete the program without my family. (Graduate)*

Almost all graduates and non-completers as well as many current participants reported that their own personal willingness to change was a "very important" or "important" factor in their graduation from or retention in the program. For many case study participants, their own desire to change was above all the most important factor in recovery.

> *I didn't always like it. We have a sense of resisting the things we need the most. I did go to all treatments, it was mandatory. In my mind, I had to succeed. I couldn't fail, I had no choice. It was difficult at times. It wasn't a "get out of jail card" for me, it was life changing. They dealt with all aspects of addiction, the physical, the mental, the emotional, the social. This was the first thing that I actually started and finished in my life. (Graduate)*

The above two personal factors that DTC participants identified as important to success, when not present, are the two main difficulties for retention, according to survey respondents and case study participants: an unsupportive environment and negative associations related to peers, family or living arrangements (e.g., high drug use in area where participant lived); and the lack of client

motivation to be in the program (e.g., not yet ready to change). Some case study participants reported that personal issues, such as dealing with their addiction and with past experiences, as well as their negative attitude toward treatment, made it difficult at times for them to continue on in the program. Survey respondents and a few case study participants also mentioned that adapting to the DTC structure was difficult for some participants.

> *At first, I didn't like being told what to do. But I understand now that they need the structure. As addicts, we were used to running our own lives, we're not used to obeying rules or having structure. At first, I didn't want to be here. (Non-completer)*

Participants' compliance with DTC conditions

As noted earlier, DTC bail conditions include attending scheduled court appearances (which vary in frequency across the sites), submitting to random urine screens, and attending treatment. Other conditions like curfew, boundaries or association restrictions can also be imposed. The available information indicates that DTC participants generally appear at the scheduled court appearances. Graduates appear to be more likely to have a valid reason for non-appearance than those participants who have been discharged from the DTC.

A 2013 study of the five DTC sites that use DTCIS found incomplete data on court appearances (dates of appearance, attendance, reasons for non-attendance) for participants who have exited the program through graduation or non-completion (e.g., discharged). DTC participants generally appeared at the scheduled court appearances; however, for between 9% and 20% of court appearances, depending on the DTC, participants failed to appear. Graduates were more likely to have a valid reason, such as being in a residential treatment facility, than those who were discharged.

These results appear to align with the DTCIS data analyzed for this evaluation. Between April 1, 2009 and March 31, 2014, DTC participants were in attendance for 84% of the scheduled court appearances, and for 16% of scheduled court dates, DTC participants did not attend.

Case study interviews demonstrated the importance of court appearances to participants' progress in the DTC. Many case study participants indicated that the regular court appearances were helpful in keeping them motivated and enabling them to graduate from the program. For example, many of them reported that the regular court appearances were essential in keeping DTC participants accountable. Some participants reported that the regular court appearances signified that the program was still part of a serious legal process and that sanctions, especially remand, were

important motivating factors. According to a graduate, "*Knowing that I could be sanctioned and…sent to jail for a few days or [lose] privileges was a huge factor in keeping my eye on the goal*". Case study participants also noted that clients are not only accountable to the judge and court but to their peers as well. Disclosing a failed drug test and admitting to use in court in the presence of others is a way in which clients are kept accountable, as they may feel remorse and guilt for disappointing others, especially those who are doing well in the program.

> *Regular court appearances are a huge part of the recovery process. That keeps you accountable. When you go in there and they read your screens to everyone, even if you didn't admit to anyone that you used, they see if your screens were dirty and they know what for. All the people are looking at you and maybe you were the only guy they were looking up to before that. You let them down. (Graduate)*

According to some case study participants, structure was also an important component in helping them graduate from or stay in the program, noting that, like the regular appearances for treatment, a routine is necessary if they are to successfully change their lifestyle.

Participants' progress in reducing illicit drug use

Reducing participants' drug use during and after the program is the key outcome for the DTCFP. To track participants' illicit drug use during the program, the DTCs conduct random UDTs.[31] The evaluation was able to conduct a study of drug use during the program through an analysis of participants' UDTs. The DTCs do not currently track post-program drug use, so the information for this outcome is based solely on case studies.

During the program

For the evaluation, a study was conducted to determine whether DTC participants' use of illicit drugs, as evidenced by UDT results, declined during their participation in the program. The study considered UDT results of participants at three-month intervals for up to 15 months.

The results of the analysis revealed that the DTC program had a positive effect on the participants' UDTs, with fewer "dirty" (failed) and more "clean" UDTs regardless of the participants' final status (graduate or non-completer). See figure 1. The dirty UDTs of the participants, regardless of

[31] Recent studies have found that drug testing can reduce DTC participants' use of drugs and alcohol during the program, but that its effectiveness as a deterrent depends on the scheduled administration of the tests (two or three times a week is optimal) and the swiftness of any rewards or sanctions (Kleinpeter, Brocato, & Koob, 2010).

their status, were reduced over the period of 15 months, while the clean UDTs reached their maximum at 12 months, and then dropped to their lowest point. A possible explanation is that successful participants (eventual graduates) are not required to submit as many UDTs in later stages of the program as a reward for program compliance. In addition, although graduates have fewer dirty UDTs than those who did not complete the program, both groups have fewer dirty UDTs over the 15-month time period. The program seems to start having an effect on both groups after three months of participation. See Figure 2.

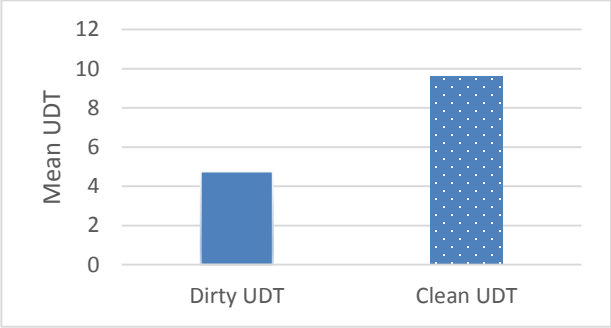

Figure 1: Participants' UDT

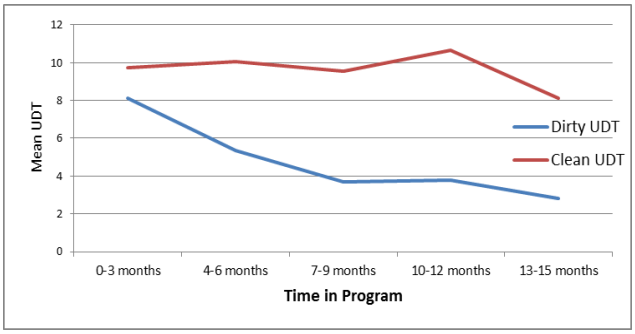

Figure 2: UDT results over time

The case studies provide anecdotal evidence of the above results. All case study participants currently in DTC treatment said that they were either abstaining completely from drug use, or that their drug use has been reduced since they started in the program. Most case study participants who indicated reduced drug use described substantial reductions (e.g., from daily use to occasional use) in their drug use since entering the DTC. No case study participants currently in DTC treatment said that their drug use increased during the program.

Participants attributed their reductions in drug use largely to being held accountable for their actions through the DTC program. They believe that the DTC program caused them to think about the consequences of using drugs (prior to using the drugs). Many of these participants also mentioned the importance of regular urine screens for keeping them on track in the program.

Post program

Most case study participants who had graduated from a DTC reported complete abstinence from drug use. Even though some graduates did admit to relapses post program, they described the relapses as infrequent, "small incidents", and said they were able to get back on track without much difficulty. Many of the graduates who had relapsed post program indicated that the program had changed their thinking about drug use; they mentioned that drawing on what they had learned in the DTC helped them to stop their use.

> *Even in the worst-case scenario, there are things that I have learned though DTC that you cannot take away from me, and would be the backbone for another stint of sobriety if necessary. (Graduate)*

Only a few case study participants who did not complete the program reported complete abstinence from drugs after their DTC involvement; however, most of them said that their drug use is much reduced. Although they did not successfully complete the DTC program, a few non-completers, like graduates, attributed their reduced drug use post program to their DTC involvement.

> *I failed drug tests, and I lied about most of them at the beginning (I said I was clean when I wasn't). At first, I didn't care — I did what I wanted to do. As time went by, I'd get 2 months sober, I'd have a slip, I'd get 3 months sober, I'd have a slip. It got to the point where I'd buy meth, and I wouldn't be able to do it. I'd freak out and throw it away. It started out as a negative thing, but then it turned into a positive thing. (Non-completer)*

Among graduates and non-completers, the following were the most frequently mentioned factors contributing to their continued abstinence or reduced drug use:

- avoiding drug users, those involved in criminal activity, and places where drugs were available;
- having family support — in particular, participants noted the happiness of family life, the importance of regaining the trust of family members (which they do not want to lose), and the desire to spend time with, and 'better" themselves for, younger family members (e.g., children, grandchildren, nieces and nephews).

Some graduates mentioned that maintaining connection with their DTC team has helped them to abstain from drug use. According to one graduate, *"the biggest thing that has helped me stay away from drugs is staying connected with DTC"*.

Participants' access to, and utilization of, community services and supports

By connecting participants with community services and supports, DTCs not only leverage existing resources to address participants' needs during the program, they also link participants to the broader community, which should ensure a more seamless transition post program. Survey and case study results indicate that DTC participants are being referred to a variety of community services and supports. Members of dedicated DTC teams who responded to the survey reported that they are referring clients to a variety of services in areas that respond to common DTC participant treatment needs (e.g., addictions treatment, mental health services), broader social needs (e.g., housing, education, health, employment), and culturally specific supports (e.g., services that target Aboriginal peoples or provide services in a participant's language) (see Table 15).

Table 15: Criminal Justice and Treatment Programs and Services

Q31: To what type(s) of criminal justice and treatment programs and services have you referred clients?	
	(n=42)
Addictions treatment	71%
Housing services	69%
Mental health programs/services	67%
Education programs/services	67%
Culturally appropriate services (e.g., services that target Aboriginal peoples, services provided in appropriate languages)	67%
Other health programs/services	60%
Employment programs/services	57%
Services specifically targeting the needs of women	55%
Life skills (cooking, financial literacy, parenting, anger management)	7%
Social supports (clothing, food bank, The Salvation Army)	5%
Income support services	5%
Daycare	2%
Other	12%
None	2%
Don't know	2%
No response	21%

Source: Survey of DTC stakeholders and staff
Note: Respondents could provide more than one answer; total sums to more than 100%.

Based on the information available to the evaluation, the DTCs are connecting participants to community services and supports, as most case study participants were aware of the types of

services listed in and were either using them or did not have an immediate need. Only a few case study participants had no knowledge of community services and supports.

Enhancement of participants' social stability

Although quantitative data on improvements in participants' family, work, school or housing status during their time in the program is not available, there is qualitative evidence that the DTC program has improved the social stability of participants. Overall, all participants across the four case study sites reported that their participation in the DTC program has improved their life in some way. Generally, participants said that DTC made their life "better", "more positive", that they are "happier", or that they would "be in jail" or "dead" without the program. Many case study participants mentioned that the DTC program had contributed to improving specific aspects of their lives, including the following:

- Family life — many participants, mostly graduates and current clients, noted that their experience with the DTC program had improved the relationship with their family, noting that they were able to rekindle their relationships, and reclaim the trust and love of family members. Some participants credited the DTC with helping them regain custody of their children.
- Employment status — some case study participants, mostly graduates and current clients, reported that they were currently working or actively seeking employment. Among those who were working, a few found employment on their own but still credit the program with providing them access to training.
- Housing status — some case study participants, all of whom were graduates or current clients, mentioned that their housing status has improved while being in the program. Some credit the program with helping them find a suitable home, while others managed to find housing on their own.
- Education status — some participants, mostly graduates and current clients, were either planning on attending school, were currently in an education program, or had completed schooling.

Of the various participant outcomes, the one that stakeholders believe that DTCs are most effective in addressing is improving the social stability of participants: 65% of survey respondents believe that their DTC is very effective, and 28% believe it is somewhat effective in improving participants' social stability (e.g., housing, education and/or employment).

Although these findings suggest that the program is helping participants improve their social stability, it is difficult to draw definitive conclusions based on the information available to this evaluation.

Reduction in criminal recidivism

During the program

The DTCIS does not systematically track whether participants re-offend while in the program, although it does capture re-offending as one of the possible reasons for failure to complete the program. Because the DTCs do not have a zero tolerance policy for re-offending, the DTCIS provides an incomplete picture of recidivism among participants. Based on the available DTCIS data between FYs 2009–10 and 2013–14, 69 participants were discharged or expelled because they had re-offended, representing 7% of those admitted into the program.

Almost all case study participants interviewed said that they were either not currently engaged in any criminal activity (and did not receive any new charges) or had reduced their involvement in criminal activity since entering the program. The vast majority said that they were not involved in any criminal activity at all and had not received any new charges since entering the program.

Of the few current clients who reported a reduction in criminal activity, most were charged with a single infraction (such as theft or shoplifting) since they entered the program, while a few said that they had committed a small number of offences when they first entered the program, but that their involvement in criminal activity has since decreased. Among current clients, the most frequently mentioned factor contributing to reduced criminal activity was avoiding drug users and those involved in criminal activity. Other factors identified by a few current clients include:

- family, specifically family support and the fear of losing custody of a child or the trust of family members;
- the responsibility and structure of the program and the extent to which it keeps participants accountable and helps them change their habits; and
- the fear of being arrested and going back to jail.

Current clients did not identify any factors that may have impeded their progress in reducing their involvement in criminal activity.

Similar to current clients, most graduates and non-completers also reported little to no involvement in criminal activity while they were in the program (again, the majority said that they had no involvement at all). Of those who reported some criminal activity, a few said that they were charged for a single offence, while a few others said that they were charged for a number of offences when they began the program but that their criminal involvement progressively decreased. Common crimes reported by graduates and non-completers included breach of curfew, shoplifting and theft. Sanctions imposed in response to new charges were also described by a few graduates and non-completers, the most common of which was remand (varying from one to seven days). One graduate was required to write a letter to the judge requesting reentry into the DTC program.

Post program

Several studies point to a reduction in recidivism among DTC participants and/or graduates. From the results of their meta-analysis, Downey and Roman concluded that "it is virtually certain that the average drug court effect is a reduction in recidivism". They found this to be true for all studies, regardless of level of rigor (2010, p. 35). Recent meta-analyses have found recidivism rates for DTCs at 8% to 14% (Latimer et al., 2006; Leticia Gutierrez & Bourgon, 2009). Some studies have also found that the effects of drug courts on recidivism rates last for years after program completion (Mitchell et al., 2012).[32]

A Justice Canada study found that DTC graduates are significantly less likely to re-offend (p=.000) than participants who were terminated from the program or the comparison group (consisting of individuals who meet DTC criteria but no DTC exists in their jurisdiction, and individuals who were eligible for the DTC but refused to participate).[33] When compared to DTC graduates, those who were terminated from the program were 3.2 times more likely to re-offend, and those in the comparison group were 1.9 times more likely to re-offend.

Rates of re-offending were found to be significantly lower among DTC graduates at every point in time.

[32] In a systematic review assessing the effect of DTCs on recidivism in the short- and long-term, Mitchell et al. (2012) found that rigorous evaluations of adult drug court show strong, consistent reductions in recidivism, and that the positive effects of drug courts on recidivism persist for at least three years.

[33] The study used a Cox-regression analysis and controlled for gender, age at arrest, age of first conviction, years of criminal record, total number and types of prior convictions, and whether or not individuals participated in a DTC program.

- At one year, 13.93% of DTC graduates had been convicted of at least one crime, compared with 24.57% of the participants of the comparison groups and 38.01% of those who were terminated from the DTC program.
- At two years, 25.97% of the DTC graduates had been convicted of at least one crime, compared with 43.18% of the participants of the comparison groups and 61.65% of those who were terminated from the DTC program.
- At three years, 34.05% of the DTC graduates had been convicted of at least one crime, compared with 54.29% of the participants of the comparison groups and 73.48% of those who were terminated from the DTC program.
- At four years, 38.71% of DTC graduates had been convicted of at least one crime, compared with 60.17% of the participants of the comparison groups and 79% of those who were terminated from the DTC program.

The study also found that when all DTC participants were considered (both graduates and those who did not complete the program), the recidivism rates between the comparison and the DTC groups were not statistically different[34]:

- At one year, 30.40% of all DTC program participants had been convicted of at least one crime compared with 26.39% of comparison group members.
- At two years, 50.81% of all DTC program participants had been convicted of at least one crime compared with 45.11% of comparison group members.
- At three years, 61.88% of all DTC program participants had been convicted of at least one crime compared with 55.75% of comparison group members.
- At four years, 67.43% of all DTC program participants had been convicted of at least one crime compared with 61.26% of comparison group members.

The study found that 70% of DTC participants who re-offended committed non-drug offences, compared to 41% of the comparison group.

[34] The vast majority of DTC participants and especially the non-completers have multiple issues (e.g., serious addiction to illicit drugs, mental health concerns, inadequate housing, reliance on income assistance, minimum employment/education opportunities, etc.) and are assessed as medium to high risk to re-offend.

Two DTCs have had recidivism studies conducted in recent years. These studies used different methods than the Justice Canada study but had similar or even more positive results.

- The Vancouver study compared rates of offending for two years prior to entering the Vancouver DTC and two years after program termination.[35] The study found that Vancouver DTC participants had significantly greater reductions in recidivism compared to the comparison; over the study period, Vancouver DTC participation reduced drug re-offence rates by 56% and overall criminal re-offending by 36% (Somers, Currie, Moniruzzaman, Eiboff, & Patterson, 20).
- Winnipeg followed 69 graduates and 149 discharged participants two years after program completion. For graduates, the 2013 recidivism rate was estimated at 14.5% — down from 16.7% the previous year. This is less than the re-offence rates for offenders on probation (28%), conditional sentences (32%), or readmitted to provincial custody (66%). In addition, for discharged clients, convictions of new drug or predatory crimes have decreased over time (from 48.1% in 2009–10 to 45.3% in 2010–11 to 30.2% in 2013). Although follow-up periods are longer for the Manitoba Corrections cases, the evaluation still concluded that these recidivism findings are quite positive for the Winnipeg DTC.

The Vancouver DTC also conducted a second study (the results of which were published in 2013) that investigated the comparative effectiveness of the Vancouver DTC in terms of recidivism among a number of subgroups: ethnicity, gender, prior offending, and presence of a co-occurring mental disorder.[36] Findings were that female and Aboriginal DTC participants had greater reductions in recidivism than other participants. In addition, for all participants, longer duration in the program was positively associated with reduced recidivism. The study did not find any difference in recidivism related to prior convictions or the presence or absence of co-occurring mental disorders (Somers et al., 2013). This is the only study in Canada that has looked at recidivism by these subgroups.

[35] The study (a longitudinal cohort design) looked at 180 Vancouver DTC participants and a comparison group that was derived using the propensity score matching method.

[36] The study included Vancouver DTC participants enrolled between December 2001 and November 2008 (n=400) and made use of non-identifying administrative data on health, corrections, and income assistance services associated with the full population of sentenced offenders in British Columbia. These data were provided by the provincial government Ministries of Justice, Health, and Social Development to the British Columbia Inter-Ministry Research Initiative.

4.3.2. Program-Level Outcomes

Sharing promising/best practices

One of the DTCFP's immediate outcomes is facilitating the sharing of promising practices among DTC stakeholders. This outcome is intended to support the related intermediate outcome of the development of evidence-based improvements for the DTCFP and DTCs in Canada. The 2009 evaluation of the DTCFP found that stakeholders wanted more opportunities to share information and recommended that the "DTCFP should take more measures to facilitate effective communication among key stakeholders" (Department of Justice Canada, 2009, p. 63).

The DTCFP has made efforts to address the recommendation. In particular, the key informants had expressed support for more intensive interaction with the DTCFP, such as the monthly teleconferences that occurred when the pilot sites were beginning (Department of Justice Canada, 2009, pp. 20–21). In response, the Program has reinstituted regular monthly DTC directors' meetings. These meetings provide a forum for information sharing and peer discussion around DTCs. One or two representatives of each DTCFP-funded DTC, along with Justice Canada representatives, take part in these meetings via teleconference. Meeting minutes provide evidence of the sharing of promising approaches and best practices.

- Although probation officers do not typically attend meetings, they have been invited to discuss areas of expertise (risk assessment) and to clarify the role of probation officers in a DTC program.
- Directors have shared information on questions/issues affecting DTC operation (e.g., eligibility criteria, Charter challenges to mandatory minimum sentences, the role of probation services, approaches to dealing with trauma).

In addition, there are opportunities for face-to-face meetings. Until travel restrictions in 2013, DTCFP representatives went on annual site visits to the federally funded DTCs. Directors from some sites have also travelled to other federally funded DTCs to share information and best practices. The biannual Canadian Association of Drug Treatment Court Professionals (CADTCP) conferences also offer the possibility of training and sharing information and research on DTC-related issues. Although in the past the Program had used the CADTCP conference as an opportunity to hold face-to-face meetings for the Directors of the DTCFP-funded DTCs (Banff, October 2010), federal government travel restrictions have limited that possibility for the most recent CADTCP conference (the 5th International Training Symposium on Problem Solving

Courts and Innovative Approaches to Justice — hosted by CADTCP along with the International Association of Drug Treatment Courts).

Since the last evaluation, the DTCFP reports that it has emphasized building a stronger relationship with provincial and territorial governments. Previously, if the provincial government was not the funding recipient, the DTCFP had limited and sometimes no contact with the provincial government. Now, the Program has made connections with provincial government representatives in all the locations where there is a federally funded DTC. An example of how the DTCFP is working more closely with all the provinces, regardless of whether they are a funding recipient, is the Ad Hoc F/P/T Working Group on DTC Efficiencies and Resource Allocations. The Working Group ensured that all provinces with a DTC or that are interested in a DTC could be involved in key aspects of developing a more consistent approach to DTCs, including defining key characteristics for the DTC model (common definition of DTCs, the target offender population, eligibility criteria, and successful completion).

Survey results showed generally positive responses for existing information-sharing tools, although a fairly large proportion of respondents could not provide an answer (see Table 16). The lack of awareness/use of tools, coupled with the response to the broader question of whether best practices and lessons learned are effectively shared, solicited a response of "very effective" from 6% of respondents and "somewhat effective" from 40%, which indicates that there remain opportunities to improve.

Table 16: DTC Information Sharing

Q19: Please rate the usefulness of any of the following educational/promotional resources or activities that you have used or in which you have participated.						
	Respondents who participated in or used DTC resources or activities (n=47)					
	% Useful		**% Neutral**	**% Not useful**		**N/A**
	Very	**Somewhat**		**Not very**	**Not at all**	
DTC websites	17%	43%	11%	6%	-	23%
Department of Justice research reports	17%	40%	13%	6%	-	23%
DTC police training	15%	11%	13%	-	-	62%
DTC presentations	40%	38%	9%	-	-	13%
Information sheets placed in potential DTC participants' files	23%	17%	6%	2%	-	51%

Source: Survey of DTC stakeholders and staff

Note: Rows may not sum to 100% due to rounding.

Strengthening community networks

DTC interactions with other community resources vary somewhat based on the design of the DTCs. Some DTCs provide in-house treatment services and primarily engage with other community resources through referrals. Other DTCs have community advisory committees that are part of their governance structure. Based on survey results, all DTCs consider that they have effectively created community partnerships (82%) and strengthened the network of organizations addressing drug use (65%).

4.4. Performance — Efficiency and Economy

Determining the efficiency and economy of the DTCs requires understanding the total costs of their operation, as well as the potential benefits that a DTC may offer the government and society. The most complete cost information is available for two DTCs that have provincial government departments as the funding recipients. These DTCs have more ready access to their global costs, which would include the costs of prosecution and court personnel. DTCs that have NGOs as funding recipients do not have complete cost information.

The benefits are easy to describe, but they are not as easy to value monetarily. The potential benefits are the following:

1. **Avoided or delayed prosecution and incarceration costs.** If DTC graduates do not re-offend, prosecution and incarceration costs are avoided. If they do re-offend, the costs are not avoided, but are shifted into the future.

2. **Reduced dependence on social services and increased positive economic contribution.** Graduates who resume productive careers or become employed contribute to the economy, pay taxes, and reduce their reliance on social assistance or other social services.

3. **Quality of life.** General benefits exist to graduates and their family in terms of quality of life by addressing their addictions and criminal behaviour (Department of Justice Canada, 2009).

For purposes of this report, the focus is on avoided or delayed prosecution and incarceration costs. A determination of the potential benefits to the broader system or the individual is beyond the scope of this evaluation.

The recidivism study conducted by Justice Canada found no statistically significant differences between the recidivism rates for DTC participants and the rates for non-participants, although rates of re-offending were significantly lower among DTC graduates when compared to the comparison group and those who were terminated from the program. For the purpose of determining efficiency and economy, all DTC participants were included in the analysis as that more accurately presents the true costs and benefits of the DTCs. Because the recidivism study did not find a statistically significant difference between DTC participants and the comparison group, the analysis for cost effectiveness focuses instead on the end points of the scale — in other words, it assumes either no recidivism or 100% recidivism.

Several potential cost scenarios are presented in Table 17. The cost scenarios assume the same number of offenders for the traditional criminal justice system and the DTCs. The cost of the traditional criminal justice system includes the cost of court processing and the cost related to different sentences (e.g., incarceration, probation). As sentencing patterns are not available for either the DTC or the comparison groups, the analysis assumes that all offenders receive the same sentence in each scenario.

When incarceration is involved for offenders in the traditional criminal justice system — whether it is federal or provincial incarceration — the costs are substantially higher than for offenders attending DTCs.

- For example, when assuming no Vancouver DTC participants re-offend, the cost is $1,941,494 (one year in the DTC) compared to $4,363,905 for a one-year provincial sentence or $15,477,020 for a two-year federal sentence. This represents a cost savings of 56% and 88%, respectively, over a two-year period. The savings using the Regina DTC example are similar.
- Assuming all DTC participants re-offend after one year in the DTC and are incarcerated, the costs are less, regardless of the correctional system (federal or provincial). In this scenario, there would be a saving of approximately 20% to 28%.

These results indicate that DTCs offer substantial cost savings to government compared to the alternative of incarceration.

However, the results also demonstrate that the efficiency and economy of DTCs are dependent on sentencing patterns. As shown in Table 17, if offenders received only probation, the DTC costs are substantially more. However, this cost scenario only includes the costs attributed to offender supervision. The cost estimates for probation do not include the costs of treatment, should that be a condition of probation.

The recidivism study shows that graduates have a significantly lower recidivism rate than the comparison group. Based on this finding, DTCs will increase their cost effectiveness over the long term as they improve their graduation rates. In addition, the recidivism study results indicate that DTC participants (graduates and non-completers) tend to have less drug offences when they re-offend than the combined comparison group: 30% of their subsequence offences are drug offences compared to 59% of the comparison group. DTC participants tended to commit non-drug offences. The type of other offences and the sentencing patterns were not captured in the study and would have provided useful information for better projecting potential DTC savings to the criminal justice system.

As mentioned in the 2009 evaluation report, more information on costs and longer-term benefits of DTCs are needed to assess their relative cost advantages to the traditional criminal justice approach. However, the available data suggest that DTCs may offer potential cost savings. A more complete understanding of the potential cost savings and benefits of DTCs, particularly in comparison to the traditional criminal justice system, requires information on DTC participants and a comparison group of longer-term outcomes such as employment and recidivism, other potential costs, such as social assistance and health care, and sentencing patterns should they re-offend.

Table 17: Cost Effectiveness over Two Years

Calculations based on average annual number of participants for each DTC				
Average annual number of participants (2009–10 to 2013–14)	**Vancouver**		**Regina**	
	65		41	
No recidivism				
	Traditional	**DTC**	**Traditional**	**DTC**
	One-year sentence	**One year in DTC**	**One-year sentence**	**One year in DTC**
Provincial corrections	$4,363,905	$1,941,494	$2,348,562	$1,269,000
Probation	$320,580		$202,212	
	Two-year sentence	**One year in DTC**	**Two-year sentence**	**One year in DTC**
Federal corrections	$15,477,020	$1,941,494	$9,762,428	$1,269,000
Probation	$476,580		$300,612	

Recidivism Re-offend in year 2				
Year 2 subsequent sentence	**Traditional** (after one year in provincial custody)	**DTC** (after one year in DTC)	**Traditional** (after one year in provincial custody)	**DTC** (after one year in DTC)
Federal corrections	$12,184,705	$9,762,294	$7,281,682	$6,202,120
Provincial corrections	$8,727,810	$6,305,399	$4,697,124	$3,617,562
Probation	$4,684,485	$2,262,074	$2,550,774	$1,471,212
Year 2 subsequent sentence	**Traditional** (after one year probation)	**DTC** (after one year in DTC)	**Traditional** (after one year probation)	**DTC** (after one year in DTC)
Federal corrections	$8,141,380	$9,762,294	$5,135,332	$6,202,120
Provincial corrections	$4,684,485	$6,305,399	$2,550,774	$3,617,562
Probation	$641,160	$2,262,074	$404,424	$1,471,212

Sources: DTCFP funding applications; DTCIS and Vancouver DTC data; Public Safety Canada, Corrections and Conditional Release 2013; Statistics Canada supplied data on provincial average daily inmate cost in current dollars, 2011–12.

The literature generally supports the finding that the DTCs offer economic benefits. A study by Aos, Miller, and Drake (2006) found that the benefits to victims and taxpayers from the reductions in crime associated with adult DTCs outweigh the costs per participant. Other cost-benefit analyses have also found positive net economic benefits (e.g., benefits minus costs) (Fomby & Rangaprasad, 2002; Institute of Applied Research, 2004; Logan et al., 2004). Although a Bayesian analysis conducted by Downey and Roman (2010) found less likelihood (only 14%) that the benefits of DTCs will exceed costs, the same study found that, in some cases, DTCs have the potential to produce very large aggregate social gains (as much as $3.4 million).

4.5. Alternatives

There are essentially four primary alternatives for handling offenders who have substance abuse issues. They are:

- treatment as a condition of probation or under probation supervision;
- drug courts that blend judicial monitoring and sanctions with treatment;
- treatment in prison followed by community-based treatment after discharge; and
- treatment under parole (National Institute on Drug Abuse, 2014).

It can be difficult to choose from one of these four options. Numerous studies of various types of adult corrections programs aimed at drug-addicted offenders have found that drug courts achieve reductions in recidivism, and are more effective in reducing recidivism than the conventional justice system and other types of programs for addicted offenders, such as in-prison therapeutic communities, cognitive-behavioural drug treatment, drug treatment in jail, and "boot camps" (Aos et al., 2006; Downey & Roman, 2010; Leticia Gutierrez & Bourgon, 2009; Koehler et al., 2013; Latimer et al., 2006; Mitchell et al., 2012, 2006; Shaffer, 2006, 2011).[37] [38] [39] The latter two options — treatment in prison and treatment under parole — occur during or after a period of incarceration. As Section 4.4 demonstrated, incarceration is substantially more expensive than DTCs when recidivism rates between the two groups of offenders are similar. The expense of the traditional system would be even greater when DTC recidivism rates are lower, as many studies cited above have found.

A recent study compared effectiveness of DTCs to probation and found that recidivism of DTC graduates was far lower than the probation group, but that those who did not complete the DTC (terminated or withdrew) had an almost identical re-arrest rate as the probation group (Fulkerson, 2012). Another study of "seamless" probation that is collocated with treatment found less recidivism, but it was insufficient to make the program cost effective (Alemi et al., 2006). However, there is a more recent type of probation that has received attention and shown early promise called "swift and certain" sanctions.

The most high-profile example of "swift and certain" sanctions is the Hawaii Opportunity Probation with Enforcement (HOPE) project. The HOPE project emphasizes swift and certain sanctions when conditions of probation are violated (Hawken & Kleiman, 2009). While probationers once learned of drug tests a month in advance, they are now notified through a daily telephone call whether they will be tested before 2 p.m. on that day. If they do not appear for the test or fail it, results are immediate and include arrest and sentencing to a short jail term of several days, which can be served on the weekend if the probationer is employed. The length of sentence

[37] In a review of the evaluations of many types of adult corrections programs (including drug courts), Aos, Miller, & Drake (2006) found that adult drug courts achieve on average a 10.7% reduction in the recidivism rates of participants. These results were statistically significant and found to be significantly higher than the reductions in recidivism achieved by other interventions, including in-prison "therapeutic communities" (with or without aftercare), cognitive-behavioural drug treatment, and drug treatment in jail, which achieved average recidivism reductions of between 5.3 and 6.9%.

[38] In an examination of methodologically acceptable studies, Gutierrez & Bourgon (2009) determined that the least biased estimate of the effectiveness of DTCs in reducing recidivism is approximately 8%.

[39] In their meta-analysis of data from 66 individual drug treatment court programs, Latimer et al. (2006) found that DTCs reduce recidivism rates of participants by 14%, compared to traditional justice system responses.

increases with additional violations. Probationers are not mandated into drug treatment unless they request it or they continue to have no-shows or fail drug tests. They do not have to appear in court unless they have violated their conditions of probation. In these ways, the HOPE project expects to use fewer resources than a DTC. The HOPE project is still rather new, but after one year results were positive. Compared to a control group of probationers, HOPE participants were 55% less likely to re-offend, 72% less likely to use drugs, and 53% less likely to have their probation revoked (National Institute of Justice, 2012). Results from a larger evaluation of the HOPE model that involves four other jurisdictions are expected in 2015 (National Institute of Justice, 2012).

Another newer approach in the literature is reentry drug courts, which are sometimes termed the "next generation" drug courts. Reentry drug courts are not a replacement for DTCs but are an extension of the DTC model to drug-addicted offenders who are leaving correctional facilities and reentering the community. These courts explicitly use the "10 Key Components" model of DTCs. Participants receive the usual DTC interventions and services as well as additional services to assist with reentry (NDCRC, 2012). A recent evaluation of reentry courts found that participants had lower re-arrest rates (although not statistically significant) than a comparison group, but they did have significantly lower reconviction rates (Hamilton, 2010).

Other specialized courts can also address addictions, such as Aboriginal health to wellness courts and First Nations courts (Bennett, 2010; New Brunswick Department of Justice and Consumer Affairs, 2010).

These courts operate similarly to other problem-solving courts, but they also include cultural and traditional treatment services. Early results indicate some success in reducing recidivism (Hornick, Kluz, & Bertrand, 2011).

As noted in one recent study, DTCs are not the only model for addressing the link between addictions and crime. There are other options for providing drug treatment through the criminal justice system (during, after or in lieu of incarceration). However, these options are often not studied together so that differences in their efficacy with respect to types of drug addictions, demographics of participants, methods of treatment, or types of supervision are explored (Green, Juppe, Pilgrim, & Powell, 2007).

5. CONCLUSIONS AND RECOMMENDATIONS

This final section of the report presents conclusions based on the findings described in the previous sections. The information is structured along the main evaluation issues and questions.

5.1. Relevance

The DTCFP aligns with federal priorities, as evidenced by long-standing federal commitments to address crime and drug use in Canada, in particular through the National Anti-Drug Strategy of which the DTCFP is part. The federal government has indicated that DTCs remain an integral component of its criminal justice strategy by providing an exemption for attending DTCs under its mandatory minimum sentencing provisions in the *Criminal Code* and the CDSA. Although still holding offenders accountable for their actions, the exemption allows courts to delay sentencing drug-addicted offenders while they attend provincially approved and court-supervised treatment programs — including DTCs. The use of contribution funding through the DTCFP also aligns with federal roles and responsibilities in the area of criminal justice, which is a shared responsibility with provincial/territorial governments. By providing funding and not dictating or supervising DTC operations, the federal government respects the provincial/territorial authority for the administration of justice.

The DTCs address a continuing need. Research indicates a strong connection between criminal behaviour and the use and abuse of drugs and alcohol. To respond to the revolving door of people with addictions into the criminal justice system, specialized therapeutic DTCs were developed in the late 1980s and have flourished since then. The growth of DTCs is driven in large part because of numerous studies that show positive results in reducing recidivism and the potential cost savings. In addition, the DTCFP remains relevant as without its support, DTC stakeholders believe that DTCs in Canada would certainly not expand and may even contract in terms of numbers of courts, capacity for admitting clients, and/or the services offered.

5.2. Design and Implementation

DTCFP

Since the last evaluation, the DTCFP focused much of its efforts on building stronger relationships with provincial and territorial governments. The 2009 evaluation recommended that provincial or territorial governments be funding recipients rather than NGOs, given the challenges that NGOs had experienced. NGOs remain funding recipients in some locations (Toronto, Ottawa, Winnipeg), but Alberta Justice and the Attorney General is now the funding recipient for Edmonton, and the next funding agreement for Winnipeg will be with Manitoba Justice. In addition, the DTCFP officials have established connections with all provincial and territorial jurisdictions. An example of this close working relationship is the Ad Hoc F/P/T Working Group on DTC Efficiencies and Resource Allocations. This working group is currently considering appropriate federal/ provincial/territorial oversight of federally funded DTCs and how to distribute the DTCFP budget across jurisdictions interested in receiving federal funding for DTCs.

The DTCFP has also worked to maintain close contacts and improve communications among DTC stakeholders, which was another recommendation from the 2009 evaluation. The DTCFP has effectively responded by resuming regular monthly DTC directors' conference calls, which serve as a forum for information sharing and peer discussions. The opportunities to have face-to-face encounters through DTCFP site visits or meetings of the DTCs at the biannual CADTCP conferences have become more limited due to travel restrictions. The evaluation found evidence of the continued need to work with DTCs to share lessons learned and best practices.

Recommendation 1:

It is recommended that the DTCFP continue to work collaboratively with provinces and territories to identify DTC's unique costs and to consider the provincial/territorial role in the DTC funding agreements.

Management Response:

Agreed.

All new three-year funding agreements will be with provinces and territories and will identify the unique DTC costs which are eligible for DTCFP funding. In addition, these agreements identify the roles of the signatory province and/or territory. These new agreements took effect April 1, 2015.

DTCs

The evaluation compared many of the DTC processes to identified best practices in the DTC literature and found, with few exceptions, that the DTCs are following these approaches.

All of the DTCs have multidisciplinary teams, regular meetings (pre-court and court) for sharing information, strong collaboration with judges, and generally consult with treatment professionals prior to making decisions concerning DTC participants. Some of the DTCs vary from best practices as participants may not always appear before the same judge. Another potential area for improvement is clarifying roles and responsibilities of team members. Although it is recognized that allowing variation in DTC structures is important to enable the courts to respond to local needs, DTC stakeholders thought written policies and procedures that outlined roles and responsibilities would be helpful. In addition, some variation in roles was questioned, such as whether counsellors should perform UDTs or whether that compromised their relationships with their clients.

In terms of admissions and reach, the evaluation found that the eligibility criteria and process of admissions met best practices in terms of being objective and evidence based. However, the issue related to reaching its target groups persists, as it continues to be difficult to reach its target groups of youth, Aboriginal men and women, and other historically disadvantaged groups. Although currently DTCs are still primarily admitting high-risk clients (which is also a best practice), concerns were expressed that lower-risk clients are applying. The inclusion of these offenders would mean that individuals with little prior criminal history are entering the DTC. DTCs may want to monitor whether more lower-risk participants are being admitted.

The treatment component of the DTC also generally follows best practices in the DTC literature, although there is some room for improvement. The RNR model is a well-tested, evidence-based approach for aligning DTC treatment with participant needs. The evaluation found adherence among the DTCs of at least one or two of its core principles. In particular, most DTCs use standardized, validated risk assessment tools and the results of the assessments are factored in treatment plans. Given that studies show that full adherence to the three core principles of the model results in the greatest reduction in recidivism, the DTCs may wish to consider how to make greater use of the RNR model, which could include training DTC staff in RNR principles.

The evaluation found a robust continuum of care that relied on a variety of treatment options, which aligns with best practices approaches. Meeting the unique needs of some of the DTC target populations, such as Aboriginal people and women, remains an issue — particularly in terms of

attracting them into the program and retaining them once they have entered. That being said, some DTCs offer specialized programming to address the unique needs of these groups. The evaluation also found that the continuum of care largely ends once the recipient leaves the program, although DTCs encourage participants to keep in touch. A few DTCs offer programming post participation, such as alumni groups or a formal aftercare program. Given these findings, DTCs may want to review their programming as the literature on DTCs identifies continuing care as a best practice.

Another gap that remains since the last evaluation is housing. The DTCFP followed recommendations made in the 2009 evaluation and worked with Human Resources and Skills Development Canada to fund two pilot housing projects. Evaluations of both projects showed promising results in terms of the retention of DTC participants; however, the issue of sustainable funding for DTC housing remains.

In accordance with best practices, the court component provides structure to the DTC program, and the evaluation results indicate that the DTC court process is generally working well. DTC stakeholders approved of the intensity (regularity and number of appearances) and appropriateness (of bail conditions) of the court process. The one issue raised by DTC stakeholders and case study participants related to the use of sanctions. Although sanctions were considered a useful component of the court process and helped participants stay "on track", there is the perception that they are not always consistently applied. As studies have shown that "swift and certain" sanctions are the most effective, this is an area of potential improvement for the DTCs.

Recommendation 2:

It is recommended that the DTCFP work with the provincial/territorial partners to encourage clarification of roles and responsibilities of DTC team members.

Management Response:

Agreed.

All new three-year funding agreements will identify the roles of the signatory province and/or territory. In addition, through the Permanent FPT Working Group, the DTCFP team will continue to work with provincial/territorial partners to encourage clarification of roles and responsibilities of DTC team members.

Recommendation 3:

It is recommended that the DTCFP examine ways in which it can work with the provincial/ territorial partners to share lessons learned and best practices among the DTCs, and more particularly, best practices for court and treatment components.

More specifically, it is recommended that the DTCFP work with the DTCs to strengthen the adherence to the eligibility criteria, ensuring they serve the optimal target population most in need of the program and at greatest risk of relapse and recidivism. Furthermore, DTCs should appropriately match their services to the needs and risk level of their client population.

Management Response:

Agreed.

The DTCFP team will continue to work with provinces and territories through the Permanent FPT Working Group with a view to sharing lessons learned and best practices. This will include assessment approaches in regards to determining DTC eligibility.

Recommendation 4:

It is recommended that the DTCFP work collaboratively with provincial/territorial partners to discuss issues affecting DTC effectiveness, including housing.

Management Response:

Agreed.

The DTCFP team will continue to work with provinces and territories through the Permanent FPT Working Group to identify solutions for issues affecting DTC effectiveness. In addition, where appropriate, the DTCFP team will assist provinces and territories in obtaining assistance from other federal departments in order to address issues affecting DTCs.

5.3. Performance Measurement

The 2009 evaluation noted issues with the consistency and completeness of DTCIS data. The DTCIS data was more complete than was evidenced in 2009, allowing the present evaluation to include analyses of the data. However, the DTCFP still needs to streamline the DTCIS so that it will support evaluations in the future. From a case management perspective, the evaluation found that the DTCIS could improve in terms of capturing necessary qualitative information for case

management, and providing useful statistics for case management and/or monitoring the operations of the DTCs.

Recommendation 5:

It is recommended that the DTCFP work with the Evaluation Division and provincial/ territorial partners to determine ways to improve the DTCIS quality and consistency of data in order to support the next evaluation and departmental reporting requirements.

Management Response:

Agreed.

All new three-year funding agreements will require provinces and territories to provide the data using the revised DTCIS to allow for consistent, national data collection. The revised DTCIS was developed in consultation with the Evaluation Division and provincial/territorial partners.

5.4. Performance

DTCs have challenging target populations that are drug addicted, generally at high risk of re-offending, have multiple other issues (e.g., poverty, mental illness, low education levels), and often few supports (e.g., lack of family connections, negative peer associations). This context is important when considering the performance of the DTCs in achieving their outcomes.

The evaluation results indicate that even with these challenges, the DTCs are showing promising results in several areas.

Retention and graduation: The DTCs have a retention rate of 36% and a graduation rate of 27%, which are similar to the 2009 evaluation results. As retention and graduation have been shown in the literature to have a positive effect on recidivism, and therefore the cost effectiveness of DTCs, determining how best to improve retention and graduation remains a key concern for the DTCs.

Reducing drug use: The evaluation results show that both graduates and non-completers have reduced drug use during the program. The reduction in dirty UDTs and increase in clean UDTs occurred for both groups quickly (after only three months). Graduates showed greater reductions in drug use than non-completers, but the results show substantial reductions in dirty tests for both. Even though the study conducted for the evaluation focused on those who had been in the program for 15 months, these results indicate potentially very positive impacts for the DTCs.

Use of community supports and social stability: The available evidence from the survey and case study participants shows that DTCs make participants aware of and refer them to a variety of community supports. Participants also attribute various improvements in their social stability to their involvement with the DTCs. Improvements include better familial relationships, finding employment, and better housing situations.

Reducing criminal involvement: The recidivism study conducted as part of this evaluation compared DTC participants to a comparison group of similar offenders. The study found that post-program rates of re-offending were significantly lower among DTC graduates than non-completers or the comparison group. The difference in the rates of recidivism between the DTC participants (i.e., graduates as well as non-completers) and the comparison group was not statistically significant. The study also found that the DTC participants who re-offended had less drug offences than the comparison group. Thus, when the type of offence is considered, the recidivism rates could show that the DTCs reduce recidivism for drug-related. Although more study is needed, the results for graduates are very positive.

5.5. Efficiency and Economy

The evaluation compared the costs of the DTCs to incarceration (provincial or federal) and probation. Due to the limited availability of certain information that would assist in the analysis (e.g., sentencing information, global costs of the DTCs), the analysis requires making several assumptions about DTCs and the traditional system. It presented several cost scenarios for the two DTCs that have the most complete cost information (Vancouver and Regina). The cost savings, depending on the sentence and what proportion of the DTC participants re-offend, ranges from 20% up to 88% if incarceration is assumed. However, if offenders in the traditional system receive a probationary sentence, then the DTCs cost substantially more. The analysis aligns with other studies that indicate the potential for substantial cost savings for DTCs. In addition, the analysis does not consider the potential benefits of the DTCs, such as reduced demands on social services and improved quality of life. It is estimated that the social cost of illegal drug used to be $8.2 billion for one year. This estimation includes both direct (i.e., the burden on health care and other services.) and indirect costs (i.e., disability, ill health).

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Appendix A:
Drug Treatment Court Profiles
(Edmonton, Ottawa, Regina, Toronto, Vancouver, Winnipeg)

Edmonton Drug Treatment and Community Restoration Court	
Opening Date	**December 2005**
Governance Structure	The program operates within the Provincial Court of Alberta. An EDTCRC program management committee is in charge of governing the program, chaired by the Executive Director of the John Howard Society.
DTC Staff	There are seven staff members on the EDTCRC team, six full-time (including one seconded position from Alberta Justice and Solicitor General) and one casual staff, including an executive director, an executive assistant/program support, two case managers, a probation officer, a peer support and transition coordination, and a casual substance analysis worker.
Eligibility Requirements	In an initial screening process, the Crown determines whether the participant meets the following criteria: • Applicant must be non-violent, must not have gang affiliations, and must not have committed his offence for commercial gain. • The offence must be attributable to a drug addiction. • Children under the age of 18 must not have witnessed or been involved in the offence. • The accused must not have a history of breaching bail or failing to appear in court. If applicants pass the initial screening, they also complete an intake interview and addictions assessment where their motivations for joining the program and their readiness for such an intensive program are also considered.
Treatment Activities	The treatment program offered by the EDTCRC lasts from 8 to 18 months. The program is based on an I-TRIP created in consultation with the case manager, and includes the following: • regular court appearances • random drug testing • case managers meet with participants at least once a week to provide supportive counselling and supervision • referrals to community supports • education or employment training
Treatment Providers	Participants are referred to pre-existing day or residential treatment programs, as necessary. For example, JoMac Counselling Services Ltd. and Equinox Therapeutic and Consulting Services provide psychological counselling.
Residential Treatment Programs/Housing Providers	Participants are referred to pre-existing day or residential treatment programs and psychological counseling services.
Graduation Requirements	To be eligible for graduation, participants must have been in the program for at least one year, have completed their I-TRIP and their volunteer hours, and be drug free for a minimum of four months.
Target Capacity	Minimum 30

Sources: EDTCRC Process Evaluation Report (University of Alberta, 2007), Alberta Drug Treatment Court Services Project – Application for Funding (Alberta Justice and Attorney General, 2013)

Ottawa Drug Treatment Court	
Opening Date	**February 2006**
Governance Structure	The program is administered by Rideauwood Addiction and Family Services, in coordination with the provincial court system in Ontario. Rideauwood directs the program.
DTC Staff	The treatment representatives of the ODTC are all from Rideauwood, including a program manager, a probation officer, three case managers, an administrative assistant, and a nurse practitioner.
Eligibility Requirements	There are five specific criteria for entry into the ODTC: 1. The individual must plead guilty, accepting responsibility for his offence. 2. The applicant must voluntarily consent to participate in treatment. 3. The individual must be charged with certain non-violent offences. 4. Offences must have been motivated by/connected to drug dependence. 5. The applicant must be approved by the Crown Attorney, Rideauwood, and the Drug Treatment Court judge.
Treatment Activities	Treatment involves the following: • ongoing assessment activities • formal addiction group sessions • individual therapy sessions • residential and outpatient treatment programs • case management services • health and social services • regular and random urine testing • training, continuing education, and employment services Program engagement will last for a minimum of nine months, and program requirements (number of court appearances or treatment sessions) can be reduced at any point during the treatment period.
Treatment Providers	Most of the treatment is provided by Rideauwood Addiction and Family Services; however, additional treatment is provided by the John Howard Society and the Somerset West Community Health Centre.
Residential Treatment Programs/Housing Providers	Rideauwood has a contract with Ottawa Withdrawal Management for the provision of one bed (short term stay, maximum of seven days).
Graduation Requirements	There are three levels of graduation from the ODTC: Level 1: • at least 9 months of participation • abstinence from all substances for at least six consecutive months Level 2: • at least 9 months of participation • abstinence from all substances for at least three consecutive months Level 3: • at least 16 months of participation Level 1 graduates receive a maximum sentence of one-day probation. Level 2 graduates receive a maximum sentence of 12 months' probation. Level 3 graduates receive a maximum sentence of 18 months' probation.

Ottawa Drug Treatment Court	
Opening Date	**February 2006**
	When preparing their application for graduation, participants are required to include a reintegration plan that describes how they will maintain abstinence, prevent recidivism, and remain engaged in recovery activities in the community.
Target capacity	35

Sources: Evaluation of the Drug Treatment Court of Ottawa: Year One (Bourgon & Price, 2007); ODTC Case Management Guidelines (Rideauwood Addiction and Family Services, 2011a); ODTC Forms and Policies (Rideauwood Addiction and Family Services, 2011b)

Regina Drug Treatment Court	
Opening Date	**October 2006**
Governance Structure	The RDTC is governed by a Governance Committee with representatives from Justice Canada, Saskatchewan Justice, Saskatchewan Health, Regina Police Service, and the RCMP. The Governance Committee meets quarterly and provides overall direction to the RDTC. A smaller Management Committee, that contains representatives of the operational side of the Ministry of Justice and Attorney General and Regina Qu'Appelle Health Region, provides management direction to the DTC Program Manager.
DTC Staff	The program treatment team of the RDTC includes a program manager, an addictions psychiatric nurse, three addictions counsellors, an income assistance worker, an administrative assistant, and a probation officer.
Eligibility Requirements	Eligibility for the RDTC is based on six criteria: 1. Circumstances of the crime — type of victim, location, apparent intent 2. Seriousness of the crime 3. Violence — whether the crime itself involved violence, and whether the offender has a history of violence 4. Offence characteristics — whether the offence was gang-related or involved children 5. Type of crime — the exact nature of the crime and how drugs were involved 6. Criminal history — what kind of crimes the offender has committed in the past and whether violence has been involved
Treatment Activities	Treatment includes four parts - assessment followed by three sequential tracks: 1. Assessment 2. (Track 1) Contemplation to preparation stage of change 3. (Track 2) Preparation to action stage of change 4. (Track 3) Action stage to relapse prevention Treatment modalities employed by the program include the following: • Individual counselling • Group therapy • AA/NA/12 Step meetings • Aboriginal-centered programming • Detox and treatment facilities
Treatment Providers	Treatment services are provided mainly by the program itself. Participants are referred to other service agencies as necessary.
Residential Treatment Programs/Housing Providers	Participants are referred to YWCA, YMCA, The Salvation Army, and Welfare Rights for housing.
Graduation Requirements	To graduate from the program, participants must: • have abstained from using all substances for three months • have found stable housing • have participated in education activities or employment • have participated in planned recovery activities • have no new substantive criminal charges for six months

Target capacity	30

Sources: RDTC: Regina Drug Treatment Court Implementation & Developmental Evaluation Report (Smithworks Surveysolutions, 2008), RDTC – Application for Funding (Saskatchewan Ministry of Justice and Attorney General, 2012b), Interim Report on a Partnership to Address Housing Needs among Women Participating in the Regina Drug Treatment Court (Smithworks Surveysolutions, 2013), Regina Drug Treatment Court Handbook (RDTC, 2014a)

Toronto Drug Treatment Court	
Opening Date	**December 1998**
Governance Structure	The program operates within the Ontario Provincial Court system. It has two primary governance bodies: • Operations Committee — directs policy and practice of the court and treatment components of the TDTC; and • Community Advisory Council (CAC) – comprised of representatives from justice, treatment, alumni, government organizations and inter-sectoral community agencies. The CAC acts in an advisory capacity to the TDTC, liaises with community partners, and makes recommendations to the Operations Committee. Additionally, since the treatment component of the TDTC is delivered by CAMH, the program is also governed by CAMH's own internal policies, structures and procedures.
DTC Staff	The TDTC treatment team includes a court liaison, three case managers/therapists, a peer support worker, a program manager, a program assistant, and an administrative secretary.
Eligibility Requirements	The judge decides who is eligible for the program, in consultation with the treatment team and Crown prosecutor, according to these guidelines: • Must have clinically demonstrated addiction and criminal activity associated with that addiction • Must not have violent and/or commercial drug trafficking convictions or mental health concerns that would interfere with their participation in the program • Must not have involved anyone under the age of 18 in the offence • Must not have committed their crime at or near a school or playground
Treatment Activities	Participants go through a structured outpatient program with various stages specifically designed for people with cocaine, methamphetamine or opiate addictions. Treatment includes the following: • individual assessment and evaluative follow-up • individual treatment planning • individual counselling sessions • psycho-educational group sessions • process (therapy) groups • recreational groups Treatment staff work closely with community organizations to meet the needs of participants. Clients are often referred to residential treatment if they are struggling with their recovery process. Most clients will attend one or more residential programs during their involvement in the program.
Treatment Providers	The majority of treatment is provided by the CAMH.
Residential Treatment Programs/Housing Providers	The TDTC has developed permanent, funded partnerships with the John Howard Society and Houselink Community Homes, as well as unfunded partnerships with a number of other community organizations and agencies for short-term and permanent supportive housing to TDTC clients.

Toronto Drug Treatment Court	
Opening Date	**December 1998**
Graduation Requirements	Basic requirements for graduation are as follows: • completed and complied with all phases of the treatment over a minimum 12-month period • not been charged with any new offences for at least three months prior to graduation • abstained from drug use for at least three months prior to graduation • found and secured stable housing • involved in employment, volunteer work, or academic upgrading At graduation, participants receive non-custodial sentences for initial charges of 6 to 12 months' probation. After this probation, they are formally released from the TDTC program.
Target Capacity	48, but usually operates with 50 clients plus continuing care clients

Sources: TDTC Policy and Procedures Manual (TDTC, 2008), TDTC – Application for Funding (CAMH, 2012)

Drug Treatment Court of Vancouver	
Opening Date	**December 2001**
Governance Structure	The Provincial Director of the Strategic Operations Division of the British Columbia Corrections Branch and the Associate Chief Federal Prosecutor of Federal Prosecution Services co-chair the DTCV Steering Committee. Committee members include BC Corrections, Justice Canada, Vancouver Police, the RCMP, Provincial Court Judiciary, Provincial Crown counsel, BC Legal Services, Vancouver Coastal Health, BC Ministry of Housing and Social Development, and the DTCV Program Manager. The Steering Committee oversees the operation of the program.
DTC Staff	Staff at the DTCV include a program manager, clinical supervisor, a psychologist, doctor, nurse, and a case management team consisting of probation officers and addictions counsellors, and an Employment Assistance worker (EAW).
Eligibility Requirements	Participants in the DTCV must meet these requirements: • must have a drug addiction • offences must be motivated by an addiction • cannot be serving a sentence or have outstanding charges on violent offences • cannot be a member of a gang • cannot be a former DTCV graduate
Treatment Activities	Participants go through a four-phase treatment program, which includes the following: • individual counselling • group counselling • detoxification • residential recovery • residential treatment Specific programs offered by the DTCV include Criminal and Addictive Thinking and Behaviour, Post Traumatic Stress Disorder and Addiction, and Violence in Relationships. Treatment staff work closely with community organizations to meet the needs of participants.
Treatment Providers	The VCHA operates the treatment component of the program.
Residential Treatment Programs/Housing Providers	The DTCV care team works in collaboration with the on-site EAW to secure housing for clients, usually in market housing or recovery houses.
Graduation Requirements	To graduate from the program, participants must have achieved the following: • prepared an aftercare plan • completed all treatment phases • abstained from drug use for at least three months prior to graduation • not received any new charges for at least six months prior to graduation • been working or participating in academic upgrading for at least two months prior to graduation • found stable housing • established connections in the community to support ongoing recovery
Target capacity	100

Sources: Drug treatment court of Vancouver program evaluation: Final evaluation report (Millson et al., 2005), DTCV – Application for Funding (DTCV, 2013), Drug Treatment Court of Vancouver (Legal Services Society of BC, 2014), DTCV Participant Manual (DTCV, 2014)

Winnipeg Drug Treatment Court	
Opening Date	**January 2006**
Governance Structure	A WDTC Steering Committee established protocols and a model for the evaluation of the court, as well as key policies between 2006 and 2012. A new governance model was adopted that replaced the Steering Committee with an Advisory Committee. The Advisory Committee meets quarterly to provide guidance and advice on issues related to planning, protocols and evaluation frameworks; to review evaluation reports of the WDTC; and to provide input and advice on new initiatives and/or changes to the program. Additionally, there are two working groups for the WDTC: the Court Team, which is chaired by the Provincial Court of Manitoba (represented by a judge of the WDTC), and a Treatment Team, which is chaired by AFM. These working groups meet regularly to support the day-to-day operations of the program and to ensure ongoing communication between the court and the treatment/service delivery aspects of the WDTC.
WDTC Staff	The WDTC staff includes a unit supervisor (whose salary is currently being donated by AFM), four counsellors (who do case management as well as treatment), and one administrative support person. The WDTC has been provided with the services of one probation officer one day a week.
Partners	The WDTC has formed a number of partnerships with the following service providers: • Behaviour Health Foundation • Tamarack Rehab Inc. • Two Ten Recovery Inc. • ARI Addiction Recovery Inc. • The Main Street Project Inc. • Peguis Al-Care Treatment Centre • Native Women's Transition Centre • Elizabeth Fry Society • Restorative Resolutions (informal partnership that provides probation services) • Manitoba Housing • Employment and Income Assistance Program
Eligibility Requirements	The WDTC is available to offenders who meet the following criteria: • Offenders must be assessed as being dependent on drugs, and their crime must have been caused or motivated by their addiction. • Offenders must be able to attend all aspects of the program. • Offenders must enter the treatment program voluntarily and be willing to comply with WDTC conditions and attendance requirements. • Offenders must be charged with a non-violent crime. • Offenders must demonstrate a commitment to abstain from substance abuse. • Offenders charged with a violent crime or who are gang members are not eligible for the program.

Winnipeg Drug Treatment Court	
Opening Date	**January 2006**
Treatment Activities	The WDTC uses a standalone biopsychophysical, client-centred model with five phases prior to graduation: 1. Referral 2. Orientation/assessment 3. Stabilization 4. Intensive treatment 5. Maintenance Specific treatment activities include the following: • individual counselling sessions • group counselling sessions • AA/NA/CA meetings • residential treatment, as required • continuing care (for alumni, up to one year after graduation) The approach to treatment is "harm reduction", which accepts the inevitability of some relapses during the treatment period.
Treatment Providers	The program has made substantial use of the Behaviour Health Foundation for treatment services, as well as self-help groups like Narcotics Anonymous; however, most of the treatment is provided by staff.
Residential Treatment Programs/Housing Providers	The WDTC has established a relationship with the Manitoba Housing Authority.
Graduation Requirements	Participants are eligible to graduate from the program when they have completed all the requirements for Phase 5: • They are currently working on educational upgrading and/or have or are seeking steady employment. • They have not committed any offences in the last six months. • They have attained four months of sobriety. Before graduating, participants must complete an exit interview and have a plan for aftercare.
Target Capacity	30

Sources: Winnipeg Drug Treatment Court Interim Evaluation (Gorkoff et al., 2007), Housing Supports for Drug Court Participants Who are Homeless or At-Risk of Homelessness: Evaluation - Final Report (Weinrath, 2014), WDTC Application for Funding (Addictions Foundation of Manitoba, 2012), WDTC Program Evaluation 2010-2011 (Weinrath & Lumsden, 2011), WDTC Program Evaluation for Calendar Year 2014 (Weinrath & Watts, 2013)

Appendix B:
Evaluation Matrix

Evaluation Issues	Questions	Indicators	Data Sources/Methods	Responsibility for Collection
1. Relevance				
Continued Need for the DTCFP	1. Is there a continued need for the DTCFP?	• Number of DTCs established/ operational • Total number of eligible participants • Perceived relevance of DTC services to the needs of clients	• Document and literature review • Key stakeholder and staff survey • DTCIS	PID ED
Alignment with Government Priorities and Departmental Strategic Outcomes	2. To what extent are the activities of the DTCFP aligned with: a. Government of Canada priorities? and b. The first strategic outcome of Justice?	• Consistency between DTCFP mandate and activities with the priorities of the federal government • Perceived relevance of DTCFP to the first strategic outcome of Justice	• Document review and analysis • Speeches from the Throne, federal budget/analysis	PID ED
Alignment with Federal Roles and Responsibilities	3. To what extent do the activities of the DTCFP align with federal roles and responsibilities?	• Alignment of DTCFP services with federal government's roles and responsibilities	• Document review	PID ED
2. DTC Design and Implementation				
	4. How adequate are the DTC site designs, organizational structure and process to implement and operate the DTC? a. To what extent are the DTCs designed to deliver age, gender, health and culturally appropriate services and treatments to its clients? To what extent are the DTCs designed to account for specific needs for women, Aboriginal people and individuals with mental health issues? Are there any gaps? b. To what extent is Risk, Need and Responsivity principle used as service model in DTCs? c. To what extent is the delivery of the treatment consistent with the abilities and learning styles of the participants? How does the DTC ensure that the treatment is appropriate for the participants' needs?	• Evidence of DTC treatment plans and services • DTC profiles • Perceptions of stakeholders and staff	• Document review (site visit reports, 2011) • Client interviews • Key stakeholder and staff survey	PID ED

Evaluation Issues	Questions	Indicators	Data Sources/Methods	Responsibility for Collection
	5. To what extent are the roles and responsibilities of key stakeholders (court, treatment, community) clear to all those involved? a. What is the relationship among the key stakeholders? b. What is the relationship between participants and DTC court, treatment and community components?	• Clarity of roles and responsibilities • Perceptions of stakeholders and staff from surveys • Evidence from documents	• Document review • Client interviews • Key stakeholder and staff survey	PID ED
	6. Over the last five years, were there any changes (policy, legislation) that might impact the design and implementation of the DTCs?	• Perceptions of key stakeholders and staff • Number of applicants	• Document review • Key stakeholder and staff survey • DTCIS	PID ED
DTCFP Performance Measurement Systems	7. Since the last evaluation, is the performance measurement system adequate to support DTCFP monitoring and reporting requirements? a. Are there any gaps? b. What needs to be improved?	• Consistency in the DTCIS data • Availability of DTCIS data • Accuracy of DTCIS	• Document review • DTCIS data review • Key stakeholder and staff survey	PID ED
Performance				
Immediate Outcomes				
Facilitate networking and increase DTC knowledge/ awareness and collaboration	8. To what extent have knowledge/awareness and partnerships of DTCs been increased within the community level? Federal/Provincial/Territorial level?	• Level/nature of information disseminated by mechanism and target population • DTC Web Site hits and downloads • Type and nature of DTC partnerships created • Products and materials created	• DTC number web site/Analysis • Document review • Key stakeholder and staff survey	PID ED
Retention in DTC	9. To what extent have DTCs been successful in retaining participants in treatment? a. What factors contributed to the participants' graduation and retention in the DTCs? b. What factors contributed to the participants' termination from the DTCs?	• Length of time between the earliest date to the end date of the program • Number of eligible and active participants • Retention rate • Graduation rate	• Client interviews • DTCIS statistics/ analysis • Key stakeholder and staff survey	PID ED

Evaluation Issues	Questions	Indicators	Data Sources/Methods	Responsibility for Collection
	c. What are the characteristics of participants for whom the DTC has been most or less effective? Why?	• Number of participants who terminated from the program • Number and percentage of clients who graduated by gender, age, race, risk, etc. • Key stakeholder and staff perceptions of reasons for success/lack of success in retaining participants • Client reasons for remaining/leaving		
Compliance with DTC Conditions	10. To what extent have DTC participants complied with conditions of the DTC and court appearances?	• Number and percentage of court appearances • Treatment sessions • UDT tests • Number of clients who re-offend during the DTC program • Key stakeholder and staff perceptions of reasons for compliance/non-compliance	• DTCIS statistics • Key stakeholder and staff survey	PID ED
Addiction Treatment Progress	11. To what extent have DTC participants made progress in reducing illicit drug use?	• Number and percentage of UDT clean tests • Key stakeholder and staff perceptions of reasons for progress/lack of progress in reducing illicit drug use • Client perceptions of progress	• DTCIS statistics • Key stakeholder and staff survey • Client interviews	PID ED
Access/utilization of community services/supports	12. To what extent have DTC participants utilized community services and supports? What community services and support do the participants have access?	• Number and percentage of DTC participants referred to community service/supports by service type (housing, health, education, employment, other) • Length of time from initiation of referral to the use of the service/ supports by service type (education, employment, housing, health, other) • Services available to the clients	• DTCIS statistics • Document review • Client interviews	

Evaluation Issues	Questions	Indicators	Data Sources/Methods	Responsibility for Collection
Promising practices shared and performance measurement system strengthened.	13. To what extent have promising practices for the design and operationalization of a DTC been shared? To what extent the performance measurement systems have been strengthened?	• Nature of promising practices shared by mechanism and target population • Meetings, workshops, teleconference supported • Research papers, sub-studies and reports supported	• DTCFP files, site meetings, workshops, teleconferences • Document review	PID ED
Immediate Outcomes				
Strengthen network of stakeholders to ensure ongoing support	14. To what extent have DTCs strengthened networks of stakeholders to ensure ongoing support?	• Level/nature of stakeholder participation	• DTCFP files/analysis • Key informants interviews	PID ED
Illicit drug reduction	15. To what extent have DTCs participants reduced illicit drug use while they have been participating in the DTC? a. What factors contributed to the participants' reduction of the use of illicit drugs and what factors impeded their progress?	• Number and percentage of clean UDT tests while in the DTC • Key stakeholder and staff perceptions of reasons for progress/lack of progress in reducing illicit drug use • Client perceptions of progress	• DTCIS/analysis • Key informants interviews • Clients interviews	PID ED

Enhanced social stability	16. To what extent have DTCs contributed to DTC participants' social stability, in terms of enhancing their employment, education and housing status while they have been participating in the DTC?	• Change in level of DTC participant's social stability while participating in the DTC:
		  • employment status
		  • education status
		  • housing situation
		  • level/nature of access/utilization of community services/supports while participating in the DTC
			• Client interviews
			• Key stakeholder and staff survey
				PID
				ED

Reduction in criminal recidivism	17. To what extent have DTCs contributed to the reduction in criminal recidivism among participants while they have been participating in the DTC? a. What factors contributed to the participants' reduction of criminal recidivism and what factors impeded their progress?	• Number and percentage of clients who re-offend while participating in the DTC • Number and percentage of clients who did not re-offend while participating in the DTC • Perceptions of stakeholders and staff • Perceptions of clients	• DTCIS/analysis • Client interviews • Key stakeholder and staff survey	PID ED

Evaluation Issues	Questions	Indicators	Data Sources/Methods	Responsibility for Collection
	18. To what extent have DTCs contributed to the reduction in participant criminal recidivism post program completion? a. What factors contributed to the participants' reduction of criminal recidivism and what factors impeded their progress?	• Number and percentage of clients who re-offend post DTC • Number and percentage of clients who did not re-offend post DTC • Perceptions of stakeholders and staff • Perceptions of clients	• Recidivism studies • DTCIS/analysis • Client interviews • Key stakeholder and staff survey	PID ED
Evidence-based improvements for DTCFP and DTC sites in Canada	19. What are the key lessons that can be learned from the DTCFP results?	• Perceptions of stakeholders and staff of key lessons learned	• Site research and evaluation reports/analysis • Key stakeholder and staff survey	
Efficiency and Economy				
	20. What are the total global costs of operating a DTC e.g. federal resources[40] (DTCFP, FPS etc.), provincial resources (court, treatment, etc.), community resources (treatment, support services, volunteers, etc.)?	• Operating Costs	• Document review	PID ED
	21. Does the DTCFP represent the most cost-effective and appropriate means of reducing drug use and criminal recidivism, among the DTC funding program target population, as compared to incarceration?	• Costs of court processing • Incarceration costs • DTC costs • Recidivism rate	• Cost-effectiveness analysis • Document review	PID ED
	22. To what extent do DTCs use criminal justice and treatment service resources efficiently and effectively for addressing the needs of program target population with problematic substance use?	• Gap between financial inputs and resource requirements for outputs • Perceptions of stakeholders and staff of DTC efficiency	• Financial documentation/review • Key stakeholder and staff survey	PID ED
Alternatives				
	23. Is the DTCFP an appropriate policy and program instrument to reduce drug use and criminal recidivism among the target population, as compared to other alternatives (e.g. incarceration)?	• Examples from other jurisdictions/ private sector • Alternative models to deliver similar types of services in a government context.	• Document review	PID ED

[40] Direct and in-kind resources.

Evaluation Issues	Questions	Indicators	Data Sources/Methods	Responsibility for Collection
	24. Are there other, more cost-effective approaches that the federal government could use to achieve the key results?	• Alternative models to deliver similar types of programs in a government context.	• Document review • Key stakeholder interviews • Stakeholders interviews	PID ED

Appendix C:
Data Collection Instruments

Drug Treatment Court Funding Program Evaluation
Case Study Interview Guide

All respondents

1. Tell me a little bit about yourself. What is your age, background, and how did you get involved in drugs? *(NOTE TO INTERVIEWER: Record gender. Probe: race/ethnicity; First Nation/Métis/Inuit; age when began using drugs; what was their drug of choice; what crime did they commit that got them into the Drug Treatment Court)*

2. How did you find out about the Drug Treatment Court Program?

3. Why did you decide to use the Drug Treatment Court instead of the regular court?

4. Are you still participating in the Drug Treatment Court Program?

< **If "Yes" to Q4** >

5. How long have you been in the Drug Treatment Court Program? What month/year did you start in the Program?

6. Tell me about the substance abuse treatment that you have received in the Drug Treatment Court Program. Have you gone to all of your treatment sessions so far? What do you like about the treatment? *(Probe: does treatment address your specific needs such as mental health issues, educational difficulties, and gender issues? Is it culturally appropriate for you?)* What do you not like about it? Should any changes be made to make the treatment work better for you? What are those changes? [Q4, 5]

7. Tell me about your experience when you go to court. Do you feel the judge treats you fairly and with respect? Why or why not? *(Probe: judge listens to you; has correct information about your drug use and participation in treatment; treats you with respect; treats you the same as other defendants)* [Q5]

8. Are the court appearances helpful in keeping you on track to finish the Program? Why or why not? (*Probe if they don't raise it: Have you gotten sanctions or rewards from the court? If so, for what reasons? What sanctions or rewards were you given? What impacts did receiving sanctions or rewards have on you? Did they affect your willingness to stay in the Drug Treatment Court Program?*) [Q9]

9. How well do you get along with your:

a. Probation officer?
b. Defence lawyer?
c. Case manager?

Note to Interviewer: For each sub-part, ask: Do you feel treated fairly and with respect by him/her? Do you feel that he/she understands you? [Q5]

10. Has your drug use changed since you've been in the Drug Treatment Court Program? *(Probe: complete abstinence/reduced use/no change/increased use or change in type of drug used)* What, if anything, has helped you reduce or stop your drug use? What, if anything, has gotten in the way of reducing your drug use? [Q11, 15]

11. Did you ever fail a drug test during the Drug Treatment Court Program? If yes, what happened? *(Probe: sanctions, other Program response)* Did this experience have any positive or negative effects on you? Did this make you more or less willing to stay in the Drug Treatment Court Program? [Q9, 10]

12. Has your involvement in criminal activity increased, decreased, or stayed the same since you have been in the Drug Treatment Court Program? (Decreased) What has helped you stay away from criminal activity? (Increased) What crimes have you committed? What happened when you committed a crime while in the Drug Treatment Court Program? *(Probe: sanctions, other Program response)* Did this experience have any positive or negative effects on you? What has made staying away from criminal activity difficult? [Q17]

13. What are the best things about the Drug Treatment Court Program? What are the worst things? [Q9]

14. What things have helped you stay in the Drug Treatment Court Program? What things have made it hard for you to stay in the Drug Treatment Court Program? [Q9]

15. What would you change about the Drug Treatment Court Program to make it better? [Q9]

16. Has the Drug Treatment Court Program informed you about other services that could help you? What services did they tell you about? Have you used these services yet? (If no) Why not? (If yes) Were they helpful? What was/was not helpful? [Q5, 12]

< **If "No" to Q4** >

17. How long were you in the Drug Treatment Court Program? What month and year did you enter the Program? What month and year did you leave the Program?

18. Did you graduate from the Program?

19. Tell me about the substance abuse treatment that you received in the Drug Treatment Court Program. Did you go to all of your treatment sessions? What did you like about the treatment? *(Probe: did the treatment address your specific needs such as mental health issues, educational difficulties, and gender issues? Is it culturally appropriate for you?)* What did you not like about it? Could any changes have been made to the Program to make it work better for you? What were those changes? [Q4]

20. Tell me about your experience when you went to court. Did you feel treated fairly and with respect by the judge? Why or why not? *(Probe: judge listened to you; had correct information about your drug use and participation in treatment; treated you with respect; treated you the same as other defendants.)* [Q5]

21. (For graduates) Were the court appearances helpful in keeping you on track to finish the Program? (For non-graduates) Were the court appearances helpful in keeping you in the Program? (For both) Why or why not? *(Probe if they don't raise it: Did you get sanctions or rewards from the court? If so, for what reasons? What sanctions or rewards were you given? What impact did receiving sanctions or rewards have on you? Did they affect your willingness to stay in the Drug Treatment Court Program?)* [Q9]

22. How well do you get along with your:

a. Probation officer
b. Defence lawyer
c. Case manager

Note to Interviewer: For each sub-part, ask: Do you feel treated fairly and with respect by him/her? Do you feel that he/she understands you? [Q5]

23. Did you ever fail a drug test during the Drug Treatment Court Program? If yes, what happened? *(Probe: sanctions, other Program response)* Did this experience have any positive or negative

effects on you? Did this make you more or less willing to stay in the Drug Treatment Court Program? [Q9, 10, 11]

24. Did you commit a crime while in the Drug Treatment Court Program? If yes, what happened? *(Probe: sanctions, other Program response)* Did this experience have any positive or negative effects on you? Did this make you more or less willing to stay in the Drug Treatment Court Program? [Q9, 17]

25. I'm going to read a list of things that might have helped you stay in the Program. Tell me if they were very important, important, not very important, or not at all important to helping you stay in the Program, and tell me why you rated each one that way.

a. addictions treatment
b. family support
c. Program team of judge, case manager, probation officer
d. education and skills gained while in the Program
e. counselling
f. housing
g. personal willingness to change

26. Was there anything else that was important to helping you stay in the Program?

27. What things made it hard for you to stay in the Drug Treatment Court Program? [Q9]

28. What were the best things about the Drug Treatment Court Program? What were the worst things? [Q9]

29. What would you change about the Drug Treatment Court Program to make it better? [Q9]

30. Did the Drug Treatment Court Program tell you about other services that could help you? What services did they tell you about? Did you use these services? (If no) Why not? (If yes) Were they helpful? What was/was not helpful? [Q5, 12]

31. Has your drug use changed since you were in the Drug Treatment Court Program? *(Probe: complete abstinence/reduced use/no change/increased use or change in type of drug used)* What, if anything, has helped you change your drug use? What, if anything, has gotten in the way of reducing your drug use? [Q11, 15]

32. Has your involvement in criminal activity increased, decreased, or stayed the same since you left the Drug Treatment Court Program? (Decreased) What has helped you stay away from criminal activity? (Increased) What crimes have you committed? What has made staying away from criminal activity difficult? [Q18]

All respondents

33. Has your experience in the Drug Treatment Court Program helped you make your life better? (If yes) What have you been able to do that has improved your life? *(Probe: employment, health, housing status, education, family life)* (If no) What help do you need that you aren't getting? [Q16]

34. Would you recommend the Drug Treatment Court Program to people you know? Why or why not?

35. Is there anything else you would like tell me about the Drug Treatment Court Program?

Thank you for your time.

Evaluation of the
Drug Treatment Court Funding Program

SURVEY

As someone who is involved with Drug Treatment Courts (DTCs) and/or assists individuals dealing with drug addiction issues, you have been invited to participate in the evaluation of the Drug Treatment Court Funding Program (DTCFP). The DTCFP currently funds seven DTCs across Canada. The DTCFP and DTCs represent a concerted effort to break the cycle of drug use and criminal recidivism through partnerships among the criminal justice system, drug treatment services, and social service agencies.

The Department of Justice Canada is evaluating the DTCFP to better understand what works and what can be improved. The Department has hired PRA Inc., an independent research company, to conduct the evaluation. This evaluation focuses on the six longest-running DTCs (Toronto, Vancouver, Edmonton, Winnipeg, Ottawa and Regina).

Your unique perspective on the DTCs and the DTCFP is critical for this evaluation, so we would be grateful if you would take a few minutes to fill out this questionnaire. Most questions only ask you to click on the appropriate responses; however, you will also have the opportunity to explain your choices and provide some written feedback, if you choose. The questionnaire should take 30-45 minutes to complete. Participation in the survey is voluntary; you do not have to complete all questions. In addition, you do not have to complete the questionnaire all at once, but may leave the survey any time and come back later to complete the questions.

All information you offer is confidential with PRA and the Evaluation Division of the Department of Justice, and will be used only to create aggregate results to be included in the evaluation report. No individual responses will be identified.

The survey will be online until **Wednesday, August 20, 2014.** Your response before this time would be greatly appreciated.

At any point, feel free to contact PRA if you have questions or require further information. You can contact Amy Richmond, at PRA Inc., at 204-987-2030 or using the toll-free number, 1-888-877-6744.

Background

1. The evaluation covers the Drug Treatment Courts (DTCs) funded by the Drug Treatment Court Funding Program (DTCFP) in Toronto, Vancouver, Edmonton, Winnipeg, Ottawa, and Regina. Please identify with which DTCFP-funded DTC you are involved.

   ☐ 00 None ⟶ **Skip to thank you screen**
   ☐ 01 Toronto Drug Treatment Court
   ☐ 02 Drug Treatment Court of Vancouver
   ☐ 03 Edmonton Drug Treatment and Community Restoration Court
   ☐ 04 Regina Drug Treatment Court
   ☐ 05 Winnipeg Drug Treatment Court
   ☐ 06 Ottawa Drug Treatment Court

Since each of the DTCFP-funded DTCs operate differently, please answer the remainder of the questions in this survey in relation to the DTC with which you are most involved (i.e., "your DTC").

2. What is your involvement with the DTC? *(Check all that apply)*

   ☐ 01 Member of dedicated DTC team
   1a. What type? *(Please choose one)*
   ☐ 01 DTC Director ☐ 02 Judge ☐ 03 Federal Crown ☐ 04 Provincial Crown ☐ 05 Treatment provider
   ☐ 06 Case manager ☐ 07 Probation or police services
   ☐ 66 Other *(please specify)*_____

   ☐ 02 External service provider (i.e., not directly connected to the DTC; provide services to the DTC and DTC clients are referred to you) *(Please choose one)*
   1a. What type?
   ☐ 01 Addictions treatment ☐ 02 Other health services ☐ 03 Employment services ☐ 04 Housing services
   ☐ 66 Other *(please specify)*_____

   ☐ 03 Defence counsel
   ☐ 04 Member of DTC governance or advisory committee
   ☐ 66 Other *(please specify)* _____

Drug Treatment Court design and operation

This section concerns the design and operation of the DTCs funded by the DTCFP.

3. Please read each statement below regarding DTC structure and administration and check the response that best represents your opinion with regard to your DTC. [Q1, 4, 5]

	Strongly agree	Somewhat agree	Neutral (neither agree nor disagree)	Somewhat disagree	Strongly disagree	Don't know
Structure and administration						
a) The governance structure ensures that the DTC operates efficiently and effectively.	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 8

	Strongly agree	Somewhat agree	Neutral (neither agree nor disagree)	Somewhat disagree	Strongly disagree	Don't know
b) The roles and responsibilities of each DTC stakeholder group are sufficiently clear.....	☐5	☐4	☐3	☐2	☐1	☐8
c) There is strong collaboration among the court team....	☐5	☐4	☐3	☐2	☐1	☐8
d) There is strong collaboration among the treatment team.....	☐5	☐4	☐3	☐2	☐1	☐8
e) There is strong collaboration between the court team and the treatment team	☐5	☐4	☐3	☐2	☐1	☐8

4. In what way(s) could the DTC be improved in terms of structure or administration? [Q1, 4, 5]

_____

_____

_____

☐88 No opinion/don't know

5. Please read each statement below regarding admissions into the DTC, and check the response that best represents your opinion. [Q1, 4, 5]

	Strongly agree	Somewhat agree	Neutral (neither agree nor disagree)	Somewhat disagree	Strongly disagree	Don't know
Admissions						
a) The admission criteria are appropriate	☐5	☐4	☐3	☐2	☐1	☐8
b) The screening process for eligibility ensures that all appropriate applicants are admitted.....	☐5	☐4	☐3	☐2	☐1	☐8
c) Given its current caseload and resources, the DTC can handle more clients.....	☐5	☐4	☐3	☐2	☐1	☐8

6. In what way(s) could the DTC be improved in terms of admissions? [Q1, 4, 5]

_____

_____

☐88 No opinion/don't know

7. Please read each statement below regarding the court and treatment program components, and check the response that best represents your opinion. [Q1, 4, 5]

	Strongly agree	Somewhat agree	Neutral (neither agree nor disagree)	Somewhat disagree	Strongly disagree	Don't know
Court and treatment program components						
a) The regularity and number of court appearances are sufficiently intensive	☐5	☐4	☐3	☐2	☐1	☐8
b) The treatment program is sufficiently intensive	☐5	☐4	☐3	☐2	☐1	☐8

	Strongly agree	Somewhat agree	Neutral (neither agree nor disagree)	Somewhat disagree	Strongly disagree	Don't know
c) The length of time for program completion is appropriate	☐5	☐4	☐3	☐2	☐1	☐8
d) The DTC bail conditions are generally appropriate	☐5	☐4	☐3	☐2	☐1	☐8
e) The policy toward relapses is not too stringent	☐5	☐4	☐3	☐2	☐1	☐8
f) The policy toward relapses is not too lax	☐5	☐4	☐3	☐2	☐1	☐8
g) Rewards are used when they should be	☐5	☐4	☐3	☐2	☐1	☐8
h) Sanctions are used when they should be	☐5	☐4	☐3	☐2	☐1	☐8
i) Graduation criteria are not too stringent	☐5	☐4	☐3	☐2	☐1	☐8
j) Graduation criteria are not too lax	☐5	☐4	☐3	☐2	☐1	☐8

8. In what way(s) could the DTC be improved in terms of the court process or treatment component? [Q1, 4, 5]

_____

_____

☐88 No opinion/don't know

9. Please indicate what, if any, changes you have observed in the past five years with regard to the volume of applications to the DTC. [Q1]

☐01 Large increase (an increase of more than 10%)
☐02 Moderate increase (an increase of 1–10%)
☐03 No change
☐04 Moderate decrease (a decrease of 1–10%)
☐05 Large decrease (a decrease of more than 10%)
☐88 Don't know/not enough information available

If 01, 02, 04, or 05 (identified an increase or decrease): To what do you attribute the change in volume of applications to the DTC? What impact has this had on the DTC?

_____

_____

_____

☐88 No opinion/don't know

10. In the past five years, have you noticed any change(s) in the types of applicants who are eligible for the DTC program? [Q1]

☐1 Yes
☐2 No ⟶ **Skip to question 13**
☐8 Don't know ⟶ **Skip to question 13**

If yes: Please explain the nature of the change(s) that you have observed with regard to the types of eligible applicants:

_____

_____

_____

☐ 88 No opinion/don't know

11. To what do you attribute the changes that you have observed in the past five years regarding the types of eligible DTC applicants? [Q1, 4, 6]

_____

_____

_____

☐ 88 No opinion/don't know

12. What impact(s) do you feel that the changes you have observed in the past five years regarding the types of eligible DTC applicants have had on the DTC? [Q1, 4, 6]

_____

_____

_____

☐ 88 No opinion/don't know

13. **If selected 01 or 04 to question 2 (question for members or administrators of the DTC team):** Is your DTC experiencing difficulties attracting any specific target groups? *(Check all that apply)* [Q1, 4]

☐ 00 None
☐ 01 Youth (aged 18 to 24)
☐ 02 Aboriginal men and women
☐ 03 Women
☐ 04 Street prostitutes
☐ 66 Others (please specify): _____
☐ 88 Don't know

14. **If selected 01, 02, 03, 04, or 66 to question 13:** Do you have any suggestions for how to expand the reach of the DTC (in particular to the target groups it is having difficulty attracting)? [Q4]

_____

_____

_____

☐ 88 No opinion/don't know

15. To what extent are DTCs serving the needs of target populations? Please read each statement below and check the response that best represents your opinion. Programming refers to all DTC programs and services, including treatment. [Q4]

The DTC I am most familiar/associated with…	Strongly agree	Somewhat agree	Neutral (neither agree nor disagree)	Somewhat disagree	Strongly disagree	Don't know
a) Adequately tailors programming, considering the age of participants	☐5	☐4	☐3	☐2	☐1	☐8
b) Adequately tailors programming and treatment, considering participants' gender	☐5	☐4	☐3	☐2	☐1	☐8
c) Provides programming designed to meet the needs of Aboriginal men and women	☐5	☐4	☐3	☐2	☐1	☐8
d) Provides programming designed to meet the needs of other visible minorities	☐5	☐4	☐3	☐2	☐1	☐8
e) Provides programming designed to meet the needs of new immigrants	☐5	☐4	☐3	☐2	☐1	☐8
f) Adequately considers participants' specific mental health needs in developing treatment response	☐5	☐4	☐3	☐2	☐1	☐8
g) Adequately considers participants' physical health needs in developing treatment response	☐5	☐4	☐3	☐2	☐1	☐8

16. Please explain how your DTC could better serve the needs of its target population(s): [Q4]

_____

_____

_____

☐88 No opinion/don't know

17. Do you have any other suggestions for how the design and/or operation of the DTC could be improved? [Q4]

_____

_____

_____

☐88 No opinion/don't know

Information sharing and performance measurement

18. Have you accessed or participated in any DTC-related educational/promotional resources or activities (e.g., DTC websites, DTC presentations or training events, Department of Justice research reports)? [Q8]

☐1 Yes
☐2 No
☐8 Don't know

19. **If yes to Q18**: Please rate the usefulness of any of the following educational/promotional resources or activities that you have used or in which you have participated. [Q8]

		Very useful	Somewhat useful	Neutral	Not very useful	Not at all useful	N/A -do not use
a)	DTC websites.....	☐5	☐4	☐3	☐2	☐1	☐8
b)	Department of Justice research reports ..... ……	☐5	☐4	☐3	☐2	☐1	☐8
c)	DTC police training	☐5	☐4	☐3	☐2	☐1	☐8
d)	DTC presentations	☐5	☐4	☐3	☐2	☐1	☐8
e)	Information sheets placed in potential DTC participants' files.....	☐5	☐4	☐3	☐2	☐1	☐8
f)	Other (please specify: _____)	☐5	☐4	☐3	☐2	☐1	☐8
g)	Other (please specify: _____)	☐5	☐4	☐3	☐2	☐1	☐8
h)	Other (please specify: _____)	☐5	☐4	☐3	☐2	☐1	☐8

20. How effectively are the lessons learned and best practices from the various DTC models used in Canada being communicated and shared among the DTCs? [Q8, 9]

Very effectively	Somewhat effectively	Neutral (neither effectively nor ineffectively)	Somewhat ineffectively	Very ineffectively	Not applicable to my work
☐5	☐4	☐3	☐2	☐1	☐7

21. Are you involved in reporting to Justice Canada using the Drug Treatment Court Information System (DTCIS)? [Q7]

☐1 Yes
☐2 No
☐8 Don't know

If yes: How would you describe the reasonableness of the DTCIS reporting requirements?

Very reasonable (no major reporting issues or difficulties)	Somewhat reasonable	Neutral (neither reasonable nor unreasonable)	Somewhat unreasonable	Very unreasonable (major difficulties in reporting)	Not applicable to my work
☐5	☐4	☐3	☐2	☐1	☐7

If answered somewhat unreasonable or very unreasonable (1 or 2): Please explain:

_____

_____

_____

☐88 No opinion/don't know

22. Do you access or use information captured by the DTCIS in any way? [Q7]

☐1 Yes
☐2 No ⟶ **Skip to question 26**
☐8 Don't know ⟶ **Skip to question 26**

23. **If yes (1) to question 21 and/or 22**: How effective is the DTCIS in supporting the DTCs? [Q7]

Very effective	Somewhat effective	Neutral (neither effective nor ineffective)	Somewhat ineffective	Very ineffective	Not applicable to my work
☐5	☐4	☐3	☐2	☐1	☐7

24. **If yes to question 21 and/or 22**: Please read each statement below regarding the DTCIS and check the response that best represents your opinion. [Q7]

The DTCIS…	Strongly agree	Somewhat agree	Neutral (neither agree nor disagree)	Somewhat disagree	Strongly disagree	Don't know
a) Captures necessary qualitative information for case management	☐5	☐4	☐3	☐2	☐1	☐8
b) Adequately captures the work of the DTCs	☐5	☐4	☐3	☐2	☐1	☐8
c) Provides helpful statistics for case management and/or operations of DTCs	☐5	☐4	☐3	☐2	☐1	☐8

25. **If yes to question 21 and/or 22:** In what way(s), if any, could the DTCIS be improved? [Q7]

_____

_____

_____

☐88 No opinion/don't know

Effectiveness of the DTCs and DTCFP

26. Please assess the effectiveness of your DTC in the following areas. [Q8, 9, 10, 11, 12, 16, 17, 18]

	Very effective	Somewhat effective	Neutral (neither effective nor ineffective)	Somewhat ineffective	Very ineffective	Don't know/ information not available
Community engagement						
a) Strengthening the network to address drug use in the community	☐5	☐4	☐3	☐2	☐1	☐8
b) Increasing the engagement of other community organizations to address drug use	☐5	☐4	☐3	☐2	☐1	☐8
c) Building partnerships with other community organizations	☐5	☐4	☐3	☐2	☐1	☐8

	Very effective	Somewhat effective	Neutral (neither effective nor ineffective)	Somewhat ineffective	Very ineffective	Don't know/ information not available
Participant supports						
d) Making appropriate referrals for their participants	☐5	☐4	☐3	☐2	☐1	☐8
e) Retaining participants in the DTC program	☐5	☐4	☐3	☐2	☐1	☐8
f) Encouraging participants to comply with DTC conditions	☐5	☐4	☐3	☐2	☐1	☐8
g) Reducing participant drug use while in the program	☐5	☐4	☐3	☐2	☐1	☐8
h) Reducing participant drug use among those who left or were discharged from the program prior to graduation	☐5	☐4	☐3	☐2	☐1	☐8
i) Reducing participant drug use among program graduates	☐5	☐4	☐3	☐2	☐1	☐8
j) Improving the social stability of participants (e.g., employment, education, and/or housing status)	☐5	☐4	☐3	☐2	☐1	☐8
k) Reducing criminal recidivism while in the program	☐5	☐4	☐3	☐2	☐1	☐8
l) Reducing criminal recidivism among those who left or were discharged from the program prior to graduation	☐5	☐4	☐3	☐2	☐1	☐8
m) Reducing criminal recidivism among program graduates	☐5	☐4	☐3	☐2	☐1	☐8
DTC practices						
n) Sharing best practices and lessons learned among DTCs	☐5	☐4	☐3	☐2	☐1	☐8
o) Adopting evidence-based best practices	☐5	☐4	☐3	☐2	☐1	☐8
p) Using criminal justice and treatment service resources efficiently	☐5	☐4	☐3	☐2	☐1	☐8

27. The tables below list a number of DTC goals. Please consider each of these goals and, in the boxes provided, list any factors that make it **more likely** for these goals to be achieved (i.e., factors contributing to success). [Q9, 10, 11, 17, 18]

	Factors contributing to success	None (no factors)	Don't know/ information not available
a) Retaining participants in the program (i.e., high graduation rates)	_____	☐0	☐8
b) Encouraging participants' compliance with DTC conditions (e.g., court appearances, treatment sessions, urine tests)	_____	☐0	☐8
c) Reducing participants' criminal recidivism while in the program	_____	☐0	☐8
d) Reducing participants' criminal recidivism post-program	_____	☐0	☐8

	Factors contributing to success	None (no factors)	Don't know/ information not available
e) Reducing participants' drug use while in the program	_____	☐0	☐8
f) Reducing participants' drug use post-program.....	_____	☐0	☐8

28. Please consider each of the DTC goals listed in the table below and, in the boxes provided, list any factors that make it **less likely** for these goals to be achieved (i.e., factors impeding progress). [Q9, 10, 11, 17, 18]

	Factors impeding progress/ difficulties experienced	None (no factors)	Don't know/ information not available
a) Retaining participants in the program (i.e., high graduation rates)	_____	☐0	☐8
b) Encouraging participants' compliance with DTC conditions (e.g., court appearances, treatment sessions, urine tests).....	_____	☐0	☐8
c) Reducing participants' criminal recidivism while in the program.....	_____	☐0	☐8
d) Reducing participants' criminal recidivism post-program.....	_____	☐0	☐8
e) Reducing participants' drug use while in the program	_____	☐0	☐8
f) Reducing participants' drug use post-program.....	_____	☐0	☐8

29. For those who answered 01 or 02 to question 2 and are either DTC director, treatment provider, case manager or external addictions treatment provider): How do you ensure that treatment is appropriate for participants' needs? (In your response, please consider factors such as: how individuals' abilities and learning styles, mental health issues, gender, and/or cultural or immigration status are accounted for in the development of treatment plans, and whether/how the Risk-Need-Responsibility (RNR) model is used as a service model in the DTC). [Q4]

_____

_____

_____

_____

☐88 No opinion/don't know

30. Please describe any unmet needs of participants or gaps in services that you think your DTC should address? [Q4, 22]

_____

_____

_____

☐00 No unmet needs or gaps in service

☐88 No opinion/don't know

Drug Treatment Courts' efficiency and economy

31. **For those who answered 01 to question 2:** To what type(s) of criminal justice and treatment programs and services have you referred clients? *(Check all that apply)* [Q12]

- ☐ 00 None
- ☐ 01 Addictions treatment
- ☐ 02 Mental health programs/services
- ☐ 03 Other health programs/services
- ☐ 04 Employment programs/services
- ☐ 05 Housing services
- ☐ 06 Educational programs/services
- ☐ 07 Aboriginal services (e.g., services that target Aboriginal peoples, services provided in appropriate languages)
- ☐ 08 Services specifically targeting the needs of women
- ☐ 66 Other (please specify: _____)
- ☐ 88 Don't know

32. **For those who answered 01 or 04 to question 2:** Please indicate the type of partnership(s), if any, that your DTC has with service providers in the following areas: [Q12, 14, 22]

	None	Formal partnership (i.e., defined by MOU or some form of contract)	Informal partnership (i.e., not defined by MOU or contract)	Don't know/ information not available
a) Addictions treatment	☐ 0	☐ 1	☐ 2	☐ 8
b) Mental health programs/services	☐ 0	☐ 1	☐ 2	☐ 8
c) Other health programs/services	☐ 0	☐ 1	☐ 2	☐ 8
d) Employment programs/services	☐ 0	☐ 1	☐ 2	☐ 8
e) Housing services	☐ 0	☐ 1	☐ 2	☐ 8
f) Educational programs/services	☐ 0	☐ 1	☐ 2	☐ 8
g) Police services	☐ 0	☐ 1	☐ 2	☐ 8
h) Aboriginal services (e.g., services that target Aboriginal peoples, services provided in appropriate languages)	☐ 0	☐ 1	☐ 2	☐ 8
i) Services specifically targeting the needs of women	☐ 0	☐ 1	☐ 2	☐ 8
j) Other (please specify: _____)	☐ 0	☐ 1	☐ 2	☐ 8

33. **For those who answered 01 or 04 to question 2:** What processes, if any, have you used to ensure that court and treatment resources are used efficiently to address the needs of DTC participants? *(Check all that apply)* [Q22]

- ☐ 00 None
- ☐ 01 Follow up with participants on referrals
- ☐ 02 Follow up with referral agencies
- ☐ 03 Regular monitoring and revising (as necessary) of participants' treatment plans
- ☐ 04 Regular communication/ongoing partnership-building with service providers

☐ 05 Early identification and admission of eligible participants
☐ 06 Interdisciplinary educational opportunities for DTC team members
☐ 07 Flexible approach to program content for groups with special needs (e.g. women, minority ethnic groups, persons with mental disorders)
☐ 66 Other (please specify: _____)
☐ 88 Don't know

34. Do you have any suggestions regarding how/whether DTCs can use criminal justice and/or treatment resources more efficiently to address the needs of DTC participants? [Q22]

☐ 1 Yes
☐ 2 No
☐ 7 Not applicable to my work

If yes: Please explain:

_____

_____

_____

☐ 88 No opinion/don't know

Relevance of the Drug Treatment Courts and the Drug Treatment Court Funding Program

35. What do you feel are the unique needs of the DTC client group (i.e., those who are eligible to participate in a DTC) relative to other offenders? [Q1]

_____

_____

_____

☐ 88 No opinion/don't know

36. Please rate how effectively you feel that DTCs and the traditional justice system address the unique needs of the DTC client group. [Q23]

In terms of meeting the unique needs of the DTC target population…	Very effective	Somewhat effective	Neutral (neither effective nor ineffective)	Somewhat ineffective	Very ineffective	Don't know/ information not available
a) DTCs are	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 8
b) The traditional justice system is	☐ 5	☐ 4	☐ 3	☐ 2	☐ 1	☐ 8

37. In your opinion, is there an ongoing need for the DTCFP? [Q1]

☐ 1 Yes
☐ 2 No
☐ 8 Don't know

38. If the DTCFP ended, how might that affect the development of DTCs in Canada? [Q1, 22]

☐88 No opinion/don't know

Conclusions

39. What are your DTC's best practices or lessons learned that you would want to share with other DTCs? [Q19]

☐88 No opinion/don't know

40. Please use the following space to describe any other suggestions for how the DTCFP or the DTCs could be improved.

☐88 No opinion/don't know

Thank you for taking the time to complete this survey.